

Fill in this information to identify your case:

Debtor 1 **Michael A. Mimoso**
 First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:20-bk-01242**
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	237,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	44,847.28
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	281,847.28

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	138,175.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	6,121.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	51,105.93
Your total liabilities		\$ 195,401.93

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	6,827.16
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	6,066.17

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Michael A. Mimoso**
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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **8,374.99**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 6,121.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 6,121.00

Fill in this information to identify your case and this filing:

Debtor 1 **Michael A. Mimoso**
First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:20-bk-01242**

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

512 W. Areba Avenue

Street address, if available, or other description

Hershey PA 17033-0000

City State ZIP Code

Dauphin

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Value per appraisal - see attached

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$237,000.00

Current value of the portion you own?
\$237,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$237,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **Mitsubishi**
Model: **Lancer**
Year: **2016**
Approximate mileage: **25,544**
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property**
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$9,469.00

\$9,469.00

3.2 Make: **Nissan**
Model: **Versa**
Year: **2011**
Approximate mileage: **98,000**
Other information:

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property**
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$6,727.00

\$6,727.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$16,196.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Furniture, appliances, hand tools, books, guitar, lawn mower, sewing machine, luggage and nebulizer

\$905.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

(2) TVs, computer, printer and tablet

\$625.00

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Men and women's clothing

\$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Jewelry

\$1,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

3 dogs

\$100.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,130.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$2.00

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1.	checking	Members First Federal Credit Union (joint)	\$100.00
-------	----------	--	----------

17.2.	savings	Members First Federal Credit Union (joint)	\$5.00
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17.3.	savings	Scotiabank (Debtor 2 only)	\$2,120.79
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17.4.	checking	Members First Federal Credit Union (Funds in account belong to daughter, Natalie A. Mimoso)	\$151.83
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17.5.	savings	Members First Federal Credit Union (Funds in account belong to daughter, Natalie A. Mimoso)	\$2,949.94
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18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No

☒ Yes.....

Institution or issuer name:

10/shares of Rite Aid Corporation Stock at \$15.47/share (joint)			\$154.70
--	--	--	----------

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2018

Local tax refund

\$126.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☐ No

☒ Yes. Give specific information..

Debtor husband's share (1/4) of mother's estate consisting of 2 story home located at A-15 Angel L. Ortiz (A) St. Paradis Dev, Caguas, Puerto Rico 00725 (value \$96,000.00). There are past due real estate due on the property in the amount of \$6,755.91.

\$19,911.02

Debtor 1 **Michael A. Mimoso**
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Case number (if known) **1:20-bk-01242**

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$25,521.28

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$237,000.00
56. Part 2: Total vehicles, line 5	\$16,196.00	
57. Part 3: Total personal and household items, line 15	\$3,130.00	
58. Part 4: Total financial assets, line 36	\$25,521.28	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$44,847.28	Copy personal property total \$44,847.28
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$281,847.28

FROM: Frank Tomecek Real Estate Services 110 N. Market Street P.O. Box 410 Schaefferstown, PA 17088 Telephone Number: 717-949-2678 Fax Number: 717-949-2601	<h2 style="margin: 0;">INVOICE</h2> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr style="background-color: #cccccc;"> <th style="padding: 2px;">INVOICE NUMBER</th> </tr> <tr> <td style="text-align: center; padding: 2px;">36966</td> </tr> <tr style="background-color: #cccccc;"> <th style="padding: 2px;">DATE</th> </tr> <tr> <td style="text-align: center; padding: 2px;">05/05/2020</td> </tr> <tr style="background-color: #cccccc;"> <th style="padding: 2px;">REFERENCE</th> </tr> <tr> <td style="padding: 2px;">Internal Order #: 36966</td> </tr> <tr> <td style="padding: 2px;">Lender Case #:</td> </tr> <tr> <td style="padding: 2px;">Client File #:</td> </tr> <tr> <td style="padding: 2px;">Main File # on form: 36966</td> </tr> <tr> <td style="padding: 2px;">Other File # on form:</td> </tr> <tr> <td style="padding: 2px;">Federal Tax ID:</td> </tr> <tr> <td style="padding: 2px;">Employer ID:</td> </tr> </table>	INVOICE NUMBER	36966	DATE	05/05/2020	REFERENCE	Internal Order #: 36966	Lender Case #:	Client File #:	Main File # on form: 36966	Other File # on form:	Federal Tax ID:	Employer ID:
INVOICE NUMBER													
36966													
DATE													
05/05/2020													
REFERENCE													
Internal Order #: 36966													
Lender Case #:													
Client File #:													
Main File # on form: 36966													
Other File # on form:													
Federal Tax ID:													
Employer ID:													
TO: Michael Mimoso 512 W. Areba Avenue Hershey, PA 17033 Telephone Number: 717-319-8344 Fax Number: Alternate Number: E-Mail: mikemimoso54@gmail.com													

DESCRIPTION
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Lender: Michael Mimoso Purchaser/Borrower: n/a Property Address: 512 W Areba Ave City: Hershey County: Dauphin Legal Description: Deed Reference 0630200140 </div> <div style="width: 45%;"> Client: Michael Mimoso State: PA Zip: 17033 </div> </div>

FEES	AMOUNT
Appraisal	450.00
SUBTOTAL	450.00

PAYMENTS	AMOUNT
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Check #: Date: Description: Paid Check #: Date: Description: Check #: Date: Description: </div> <div style="width: 45%; text-align: right;">450.00</div> </div>	450.00
SUBTOTAL	450.00
TOTAL DUE	\$ 0

USPAP ADDENDUM

File No. 36966

Borrower	n/a		
Property Address	512 W Areba Ave		
City	Hershey	County	Dauphin
		State	PA
Lender	Michael Mimoso	Zip Code	17033

This report was prepared under the following USPAP reporting option:

☒ Appraisal Report This report was prepared in accordance with USPAP Standards Rule 2-2(a).

☐ Restricted Appraisal Report This report was prepared in accordance with USPAP Standards Rule 2-2(b).

Reasonable Exposure Time

My opinion of a reasonable exposure time for the subject property at the market value stated in this report is: In analyzing the market trends

for this particular area, the reasonable exposure time for the subject property to meet the qualifications set forth in the definitions of market value is expected to be 30 days. Please note that this figure may vary depending on how aggressive the property is actually marketed. The above mentioned time frame is for a moderate level of market exposure; assuming that the property is placed on the market utilizing the assistance of a realtor and placed in a Multiple Listing Service.

Additional Certifications

I certify that, to the best of my knowledge and belief:

☒ I have NOT performed services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.

☐ I HAVE performed services, as an appraiser or in another capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment. Those services are described in the comments below.

- The statements of fact contained in this report are true and correct.
- The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.
- Unless otherwise indicated, I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved.
- I have no bias with respect to the property that is the subject of this report or the parties involved with this assignment.
- My engagement in this assignment was not contingent upon developing or reporting predetermined results.
- My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice that were in effect at the time this report was prepared.
- Unless otherwise indicated, I have made a personal inspection of the property that is the subject of this report.
- Unless otherwise indicated, no one provided significant real property appraisal assistance to the person(s) signing this certification (if there are exceptions, the name of each individual providing significant real property appraisal assistance is stated elsewhere in this report).

Additional Comments

APPRAISER:

Signature: Frank Tomecek

Name: Frank Tomecek

Date Signed: 05/11/2020

State Certification #: GA000374L

or State License #: _____

State: PA

Expiration Date of Certification or License: 06/30/2021

Effective Date of Appraisal: 05/05/2020

SUPERVISORY APPRAISER: (only if required)

Signature: _____

Name: _____

Date Signed: _____

State Certification #: _____

or State License #: _____

State: _____

Expiration Date of Certification or License: _____

Supervisory Appraiser Inspection of Subject Property: _____

Appraisal Report

Uniform Residential Appraisal Report

File # 36966

The purpose of this summary appraisal report is to provide the lender/client with an accurate, and adequately supported, opinion of the market value of the subject property.											
SUBJECT	Property Address 512 W Areba Ave				City Hershey		State PA		Zip Code 17033		
	Borrower n/a		Owner of Public Record Michael & Amelie Mimoso		County Dauphin						
	Legal Description Deed Reference 0630200140										
	Assessor's Parcel # 23-035-012-000-0000				Tax Year 2020		R.E. Taxes \$ 3,717				
	Neighborhood Name Central Hershey				Map Reference 25420		Census Tract 0243.00				
	Occupant <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant		Special Assessments \$ 0		<input type="checkbox"/> PUD HOA \$ 0		<input type="checkbox"/> per year <input type="checkbox"/> per month				
	Property Rights Appraised <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Other (describe)										
	Assignment Type <input type="checkbox"/> Purchase Transaction <input type="checkbox"/> Refinance Transaction		<input checked="" type="checkbox"/> Other (describe) to determine a fair market value								
	Lender/Client Michael Mimoso				Address 512 W. Areba Avenue, Hershey, PA 17033						
	Is the subject property currently offered for sale or has it been offered for sale in the twelve months prior to the effective date of this appraisal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Report data source(s) used, offering price(s), and date(s). Dauphin County Multi Listing Services (Bright MLS), Courthouse Records											
CONTRACT	I <input type="checkbox"/> did <input type="checkbox"/> did not analyze the contract for sale for the subject purchase transaction. Explain the results of the analysis of the contract for sale or why the analysis was not performed.										
	Contract Price \$ Date of Contract Is the property seller the owner of public record? <input type="checkbox"/> Yes <input type="checkbox"/> No Data Source(s)										
	Is there any financial assistance (loan charges, sale concessions, gift or downpayment assistance, etc.) to be paid by any party on behalf of the borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	If Yes, report the total dollar amount and describe the items to be paid.										
NEIGHBORHOOD	Note: Race and the racial composition of the neighborhood are not appraisal factors.										
	Neighborhood Characteristics				One-Unit Housing Trends			One-Unit Housing		Present Land Use %	
	Location <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban <input type="checkbox"/> Rural				Property Values <input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Declining			PRICE AGE		One-Unit 70 %	
	Built-Up <input checked="" type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input type="checkbox"/> Under 25%				Demand/Supply <input type="checkbox"/> Shortage <input checked="" type="checkbox"/> In Balance <input type="checkbox"/> Over Supply			\$ (000) (yrs)		2-4 Unit 10 %	
	Growth <input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Slow				Marketing Time <input checked="" type="checkbox"/> Under 3 mths <input type="checkbox"/> 3-6 mths <input type="checkbox"/> Over 6 mths			120 Low 10		Multi-Family 10 %	
	Neighborhood Boundaries North of Route 322, south of Route 422, east of Hockersville Road and west of Homestead Road				1,000 High 100			Commercial 10 %			
	Neighborhood Description Located in Derry Township in a residential neighborhood that is composed of detached single family dwellings that vary in style. The surrounding area consists of single and multi dwelling units. Most amenities including shopping, employment and public transportation are within 1 to 3 miles. Easy access to major roads. No adverse trends noted.				300 Pred. 50			Other %			
	Market Conditions (including support for the above conclusions) The property values have been stable in the neighborhood and the surrounding marketing area. The marketing time for single or multi-family properties that are reasonably priced is generally between 0 to 3 months. Current interest rates range between 3% and 6%.										
	Dimensions 75x150x75x150 Area 11250 sf Shape Rectangular View N;Res;										
	Specific Zoning Classification HM Zoning Description Hershey Mixed										
SITE	Zoning Compliance <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Legal Nonconforming (Grandfathered Use) <input type="checkbox"/> No Zoning <input type="checkbox"/> Illegal (describe)										
	Is the highest and best use of subject property as improved (or as proposed per plans and specifications) the present use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe n/a										
	Utilities Public Other (describe) Public Other (describe) Off-site Improvements - Type Public Private										
	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Water <input checked="" type="checkbox"/> <input type="checkbox"/> Street Paved <input checked="" type="checkbox"/> <input type="checkbox"/>										
	Gas <input type="checkbox"/> <input type="checkbox"/> None Sanitary Sewer <input checked="" type="checkbox"/> <input type="checkbox"/> Alley Along Rear <input checked="" type="checkbox"/> <input type="checkbox"/>										
	FEMA Special Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FEMA Flood Zone X FEMA Map # 42043C0368D FEMA Map Date 08/02/2012										
	Are the utilities and off-site improvements typical for the market area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe										
	Are there any adverse site conditions or external factors (easements, encroachments, environmental conditions, land uses, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe										
	The site consists of an average lot in terms of size and appeal for the neighborhood and there are no adverse easements or encroachments.										
	IMPROVEMENTS	General Description Foundation Exterior Description materials/condition Interior materials/condition									
Units <input checked="" type="checkbox"/> One <input type="checkbox"/> One with Accessory Unit		<input type="checkbox"/> Concrete Slab <input type="checkbox"/> Crawl Space		Foundation Walls Concblock-Avg		Floors Wd/Vintile-Fair/Avg					
# of Stories 1		<input checked="" type="checkbox"/> Full Basement <input type="checkbox"/> Partial Basement		Exterior Walls Brick-Avg		Walls Plaster-Avg					
Type <input checked="" type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/> S-Det./End Unit		Basement Area 1,522 sq.ft.		Roof Surface Asphshingle-Avg		Trim/Finish Wood-Avg					
<input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Under Const.		Basement Finish 62 %		Gutters & Downspouts Aluminum-Avg		Bath Floor Vinyl-Avg					
Design (Style) Ranch		<input type="checkbox"/> Outside Entry/Exit <input type="checkbox"/> Sump Pump		Window Type Casement-Avg		Bath Wainscot Ceramictile-Avg					
Year Built 1957		Evidence of <input type="checkbox"/> Infestation		Storm Sash/Insulated Insulated-Avg		Car Storage <input type="checkbox"/> None					
Effective Age (Yrs) 25		<input type="checkbox"/> Dampness <input type="checkbox"/> Settlement		Screens Mesh-Avg		<input checked="" type="checkbox"/> Driveway # of Cars 2					
Attic <input type="checkbox"/> None		Heating <input type="checkbox"/> FWA <input checked="" type="checkbox"/> HWBB <input type="checkbox"/> Radiant		Amenities <input type="checkbox"/> Woodstove(s) # 0		Driveway Surface Paved					
<input type="checkbox"/> Drop Stair <input type="checkbox"/> Stairs		<input type="checkbox"/> Other Fuel Oil		<input checked="" type="checkbox"/> Fireplace(s) # 1 <input type="checkbox"/> Fence None		<input checked="" type="checkbox"/> Garage # of Cars 1					
<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Scuttle		Cooling <input checked="" type="checkbox"/> Central Air Conditioning		<input checked="" type="checkbox"/> Patio/Deck Rear <input checked="" type="checkbox"/> Porch Front		<input type="checkbox"/> Carport # of Cars 0					
<input type="checkbox"/> Finished <input type="checkbox"/> Heated		<input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> Pool None <input checked="" type="checkbox"/> Other Stoop		<input checked="" type="checkbox"/> Att. <input type="checkbox"/> Det. <input type="checkbox"/> Built-in					
Appliances <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range/Oven <input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Other (describe)											
Finished area above grade contains: 6 Rooms 3 Bedrooms 1.1 Bath(s) 1,522 Square Feet of Gross Living Area Above Grade											
Additional features (special energy efficient items, etc.). Insulated casement windows. There is an electric fireplace in the living room.											
Describe the condition of the property (including needed repairs, deterioration, renovations, remodeling, etc.). C5;No updates in the prior 15 years;to the kitchen or bathrooms. Part of the main bath had some tile replaced. Deferred maintenance includes the shrubbery around the home is overgrown, the window frames need painted, the garage side door needs replaced, the wood flooring in the living room and dining room flooring need replaced. The heat in the dining room has been disconnected due to a leak.											
Are there any physical deficiencies or adverse conditions that affect the livability, soundness, or structural integrity of the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe											
Does the property generally conform to the neighborhood (functional utility, style, condition, use, construction, etc.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe											

Uniform Residential Appraisal Report

File # 36966

There are <u>0</u> comparable properties currently offered for sale in the subject neighborhood ranging in price from \$ <u>0</u> to \$ <u>0</u> .												
There are <u>9</u> comparable sales in the subject neighborhood within the past twelve months ranging in sale price from \$ <u>159,900</u> to \$ <u>310,000</u> .												
FEATURE		SUBJECT		COMPARABLE SALE # 1			COMPARABLE SALE # 2			COMPARABLE SALE # 3		
Address		512 W Areba Ave Hershey, PA 17033		534 W Areba Ave Hershey, PA 17033			557 Beech Ave Hershey, PA 17033			527 Cedar Ave Hershey, PA 17033		
Proximity to Subject				0.04 miles SW			0.10 miles SW			0.11 miles S		
Sale Price		\$		\$ 270,000			\$ 235,000			\$ 245,000		
Sale Price/Gross Liv. Area		\$		sq.ft. \$ 187.50			sq.ft. \$ 139.22			sq.ft. \$ 144.97		
Data Source(s)				Bright#PADA109632;DOM 20			Bright#PADA119140;DOM 5			Bright#PADA1113716;DOM 10		
Verification Source(s)				MLS/Tax Records			MLS/Tax Records			MLS/Tax Records		
VALUE ADJUSTMENTS		DESCRIPTION		DESCRIPTION			+(-) \$ Adjustment			DESCRIPTION		
Sales or Financing				ArmLth			ArmLth			ArmLth		
Concessions				Conv;8100			0 Conv;0			Conv;0		
Date of Sale/Time				s06/19;c05/19			s03/20;c02/20			s10/19;c08/19		
Location		N;Res;		N;Res;			N;Res;			N;Res;		
Leasehold/Fee Simple		Fee Simple		Fee Simple			Fee Simple			Fee Simple		
Site		11250 sf		10890 sf			0 10890 sf			0 10890 sf		
View		N;Res;		N;Res;			N;Res;			N;Res;		
Design (Style)		DT1;Ranch		DT1;Ranch			DT1;Ranch			DT1;Ranch		
Quality of Construction		Q4		Q4			Q4			Q4		
Actual Age		63		63			53			0 57		
Condition		C5		C4			-5,000			-5,000		
Above Grade		Total Bdrms. Baths		Total Bdrms. Baths			Total Bdrms. Baths			Total Bdrms. Baths		
Room Count		6 3 1.1		6 3 1.0			+2,000			5 3 2.0		
Gross Living Area		1,522 sq.ft.		1,440 sq.ft.			+1,640			1,688 sq.ft.		
Basement & Finished		1522sf942sf		1440sf1440sf			0			1402sf0sf		
Rooms Below Grade		1rr1br0.0ba0o		1rr1br0.2ba0o			-6,000			+5,000		
Functional Utility		Average		Average			Average			Average		
Heating/Cooling		Oilhw/Cent		Gasfa/Cent			0 Gasfa/Cent			0 Oilhw/None		
Energy Efficient Items		Insul wndws		Insul wndws			Insul wndws			Insul wndws		
Garage/Carport		1ga2dw		2dw			+3,000			1ga1dw		
Porch/Patio/Deck		Stp/Por/Patio		Stp/Pat/Enclpr			-2,000			0 Stp/Pat/Deck		
Fireplace		Elec Frplc		2 Fireplace			-2,500			Fireplace		
Other		None		2st gar w/bsmt			-25,000			None		
Net Adjustment (Total)				+ - \$			-33,860			+ - \$		
Adjusted Sale Price				Net Adj. 12.5 %			Net Adj. 2.7 %			Net Adj. 3.0 %		
of Comparables				Gross Adj. 17.5 %			Gross Adj. 6.9 %			Gross Adj. 8.0 %		
				\$ 236,140			\$ 228,680			\$ 237,760		
I <input checked="" type="checkbox"/> did <input type="checkbox"/> did not research the sale or transfer history of the subject property and comparable sales. If not, explain												
My research <input type="checkbox"/> did <input checked="" type="checkbox"/> did not reveal any prior sales or transfers of the subject property for the three years prior to the effective date of this appraisal.												
Data Source(s) Dauphin County Multi Listing Services, (Bright MLS) Tax Records												
My research <input type="checkbox"/> did <input checked="" type="checkbox"/> did not reveal any prior sales or transfers of the comparable sales for the year prior to the date of sale of the comparable sale.												
Data Source(s) Dauphin County Court House Records, Bright MLS												
Report the results of the research and analysis of the prior sale or transfer history of the subject property and comparable sales (report additional prior sales on page 3).												
ITEM		SUBJECT		COMPARABLE SALE #1			COMPARABLE SALE #2			COMPARABLE SALE #3		
Date of Prior Sale/Transfer												
Price of Prior Sale/Transfer												
Data Source(s)		Deeds/Tax Records		Deeds/Tax Records			Deeds/Tax Records			Deeds/Tax Records		
Effective Date of Data Source(s)		05/06/2020		05/06/2020			05/06/2020			05/06/2020		
Analysis of prior sale or transfer history of the subject property and comparable sales The subject property previously sold 11/30/2005 for \$183,000. Prior sale and transfer history of the comparable sales appears to be typical and has no effect on the appraised value.												
Summary of Sales Comparison Approach A thorough search of the surrounding Derry Township area was performed using detached 1 story ranch style homes that range from 1400 to 2000 square feet that have sold within the past year. Some of the sales have occurred prior to the previous 6 months but are similar in market appeal. In developing the direct sales approach value it was necessary to apply plus and minus adjustments to the comparable sales for differences that affect value between them and the subject property. After weighing the comparable sales in terms of most likeness, each one has been given some weight in the value reported for this approach. See attached addendum for additional support for the value arrived at in the report.												
Indicated Value by Sales Comparison Approach \$ 237,000												
Indicated Value by: Sales Comparison Approach \$ 237,000 Cost Approach (if developed) \$ Income Approach (if developed) \$												
The direct sales comparison approach is considered to provide the typical actions of buyers in the market place and has been used to determine the final estimate of value. The cost approach was not completed due to the age of the improvements. The Income approach does not apply to this property due to the lack of other similar homes that were rented and sold in order to establish a gross rent multiplier.												
This appraisal is made <input checked="" type="checkbox"/> "as is", <input type="checkbox"/> subject to completion per plans and specifications on the basis of a hypothetical condition that the improvements have been completed, <input type="checkbox"/> subject to the following repairs or alterations on the basis of a hypothetical condition that the repairs or alterations have been completed, or <input type="checkbox"/> subject to the following required inspection based on the extraordinary assumption that the condition or deficiency does not require alteration or repair:												
Based on a complete visual inspection of the interior and exterior areas of the subject property, defined scope of work, statement of assumptions and limiting conditions, and appraiser's certification, my (our) opinion of the market value, as defined, of the real property that is the subject of this report is \$ 237,000, as of 05/05/2020, which is the date of inspection and the effective date of this appraisal.												

Uniform Residential Appraisal Report

File # 36966

ADDITIONAL COMMENTS	n/a				
	COST APPROACH	COST APPROACH TO VALUE (not required by Fannie Mae)			
		Provide adequate information for the lender/client to replicate the below cost figures and calculations.			
Support for the opinion of site value (summary of comparable land sales or other methods for estimating site value) n/a					
COST APPROACH		ESTIMATED <input type="checkbox"/> REPRODUCTION OR <input checked="" type="checkbox"/> REPLACEMENT COST NEW		OPINION OF SITE VALUE -----=\$	
		Source of cost data Marshall/Swift Cost Approach		DWELLING 1,522 Sq.Ft. @ \$ -----=\$	
	Quality rating from cost service Avg Effective date of cost data 2020		1,522 Sq.Ft. @ \$ -----=\$		
	Comments on Cost Approach (gross living area calculations, depreciation, etc.)		-----=\$		
	The cost approach is not a reliable method of valuation due to the age of this property. This approach maybe misleading to the client.		Garage/Carport 450 Sq.Ft. @ \$ -----=\$		
			Total Estimate of Cost-New -----=\$		
			Less Physical Functional External -----		
			Depreciation -----=\$()		
			Depreciated Cost of Improvements -----=\$		
			"As-is" Value of Site Improvements -----=\$		
			-----=\$		
	Estimated Remaining Economic Life (HUD and VA only) 40 Years		INDICATED VALUE BY COST APPROACH -----=\$		
	INCOME	INCOME APPROACH TO VALUE (not required by Fannie Mae)			
		Estimated Monthly Market Rent \$ X Gross Rent Multiplier = \$		Indicated Value by Income Approach	
Summary of Income Approach (including support for market rent and GRM)					
PUD INFORMATION	PROJECT INFORMATION FOR PUDs (if applicable)				
	Is the developer/builder in control of the Homeowners' Association (HOA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Unit type(s) <input type="checkbox"/> Detached <input type="checkbox"/> Attached				
	Provide the following information for PUDs ONLY if the developer/builder is in control of the HOA and the subject property is an attached dwelling unit.				
	Legal Name of Project				
	Total number of phases		Total number of units		
	Total number of units rented		Total number of units for sale		
	Was the project created by the conversion of existing building(s) into a PUD? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of conversion.		Data source(s)		
	Does the project contain any multi-dwelling units? <input type="checkbox"/> Yes <input type="checkbox"/> No Data Source				
	Are the units, common elements, and recreation facilities complete? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe the status of completion.				
	Are the common elements leased to or by the Homeowners' Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe the rental terms and options.				
	Describe common elements and recreational facilities.				

Uniform Residential Appraisal Report

File # 36966

This report form is designed to report an appraisal of a one-unit property or a one-unit property with an accessory unit; including a unit in a planned unit development (PUD). This report form is not designed to report an appraisal of a manufactured home or a unit in a condominium or cooperative project.

This appraisal report is subject to the following scope of work, intended use, intended user, definition of market value, statement of assumptions and limiting conditions, and certifications. Modifications, additions, or deletions to the intended use, intended user, definition of market value, or assumptions and limiting conditions are not permitted. The appraiser may expand the scope of work to include any additional research or analysis necessary based on the complexity of this appraisal assignment. Modifications or deletions to the certifications are also not permitted. However, additional certifications that do not constitute material alterations to this appraisal report, such as those required by law or those related to the appraiser's continuing education or membership in an appraisal organization, are permitted.

SCOPE OF WORK: The scope of work for this appraisal is defined by the complexity of this appraisal assignment and the reporting requirements of this appraisal report form, including the following definition of market value, statement of assumptions and limiting conditions, and certifications. The appraiser must, at a minimum: (1) perform a complete visual inspection of the interior and exterior areas of the subject property, (2) inspect the neighborhood, (3) inspect each of the comparable sales from at least the street, (4) research, verify, and analyze data from reliable public and/or private sources, and (5) report his or her analysis, opinions, and conclusions in this appraisal report.

INTENDED USE: The intended use of this appraisal report is for the lender/client to evaluate the property that is the subject of this appraisal for a mortgage finance transaction.

INTENDED USER: The intended user of this appraisal report is the lender/client.

DEFINITION OF MARKET VALUE: The most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller, each acting prudently, knowledgeably and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby: (1) buyer and seller are typically motivated; (2) both parties are well informed or well advised, and each acting in what he or she considers his or her own best interest; (3) a reasonable time is allowed for exposure in the open market; (4) payment is made in terms of cash in U. S. dollars or in terms of financial arrangements comparable thereto; and (5) the price represents the normal consideration for the property sold unaffected by special or creative financing or sales concessions* granted by anyone associated with the sale.

*Adjustments to the comparables must be made for special or creative financing or sales concessions. No adjustments are necessary for those costs which are normally paid by sellers as a result of tradition or law in a market area; these costs are readily identifiable since the seller pays these costs in virtually all sales transactions. Special or creative financing adjustments can be made to the comparable property by comparisons to financing terms offered by a third party institutional lender that is not already involved in the property or transaction. Any adjustment should not be calculated on a mechanical dollar for dollar cost of the financing or concession but the dollar amount of any adjustment should approximate the market's reaction to the financing or concessions based on the appraiser's judgment.

STATEMENT OF ASSUMPTIONS AND LIMITING CONDITIONS: The appraiser's certification in this report is subject to the following assumptions and limiting conditions:

1. The appraiser will not be responsible for matters of a legal nature that affect either the property being appraised or the title to it, except for information that he or she became aware of during the research involved in performing this appraisal. The appraiser assumes that the title is good and marketable and will not render any opinions about the title.
2. The appraiser has provided a sketch in this appraisal report to show the approximate dimensions of the improvements. The sketch is included only to assist the reader in visualizing the property and understanding the appraiser's determination of its size.
3. The appraiser has examined the available flood maps that are provided by the Federal Emergency Management Agency (or other data sources) and has noted in this appraisal report whether any portion of the subject site is located in an identified Special Flood Hazard Area. Because the appraiser is not a surveyor, he or she makes no guarantees, express or implied, regarding this determination.
4. The appraiser will not give testimony or appear in court because he or she made an appraisal of the property in question, unless specific arrangements to do so have been made beforehand, or as otherwise required by law.
5. The appraiser has noted in this appraisal report any adverse conditions (such as needed repairs, deterioration, the presence of hazardous wastes, toxic substances, etc.) observed during the inspection of the subject property or that he or she became aware of during the research involved in performing the appraisal. Unless otherwise stated in this appraisal report, the appraiser has no knowledge of any hidden or unapparent physical deficiencies or adverse conditions of the property (such as, but not limited to, needed repairs, deterioration, the presence of hazardous wastes, toxic substances, adverse environmental conditions, etc.) that would make the property less valuable, and has assumed that there are no such conditions and makes no guarantees or warranties, express or implied. The appraiser will not be responsible for any such conditions that do exist or for any engineering or testing that might be required to discover whether such conditions exist. Because the appraiser is not an expert in the field of environmental hazards, this appraisal report must not be considered as an environmental assessment of the property.
6. The appraiser has based his or her appraisal report and valuation conclusion for an appraisal that is subject to satisfactory completion, repairs, or alterations on the assumption that the completion, repairs, or alterations of the subject property will be performed in a professional manner.

Uniform Residential Appraisal Report

File # 36966

APPRAISER'S CERTIFICATION: The Appraiser certifies and agrees that:

1. I have, at a minimum, developed and reported this appraisal in accordance with the scope of work requirements stated in this appraisal report.
2. I performed a complete visual inspection of the interior and exterior areas of the subject property. I reported the condition of the improvements in factual, specific terms. I identified and reported the physical deficiencies that could affect the livability, soundness, or structural integrity of the property.
3. I performed this appraisal in accordance with the requirements of the Uniform Standards of Professional Appraisal Practice that were adopted and promulgated by the Appraisal Standards Board of The Appraisal Foundation and that were in place at the time this appraisal report was prepared.
4. I developed my opinion of the market value of the real property that is the subject of this report based on the sales comparison approach to value. I have adequate comparable market data to develop a reliable sales comparison approach for this appraisal assignment. I further certify that I considered the cost and income approaches to value but did not develop them, unless otherwise indicated in this report.
5. I researched, verified, analyzed, and reported on any current agreement for sale for the subject property, any offering for sale of the subject property in the twelve months prior to the effective date of this appraisal, and the prior sales of the subject property for a minimum of three years prior to the effective date of this appraisal, unless otherwise indicated in this report.
6. I researched, verified, analyzed, and reported on the prior sales of the comparable sales for a minimum of one year prior to the date of sale of the comparable sale, unless otherwise indicated in this report.
7. I selected and used comparable sales that are locationally, physically, and functionally the most similar to the subject property.
8. I have not used comparable sales that were the result of combining a land sale with the contract purchase price of a home that has been built or will be built on the land.
9. I have reported adjustments to the comparable sales that reflect the market's reaction to the differences between the subject property and the comparable sales.
10. I verified, from a disinterested source, all information in this report that was provided by parties who have a financial interest in the sale or financing of the subject property.
11. I have knowledge and experience in appraising this type of property in this market area.
12. I am aware of, and have access to, the necessary and appropriate public and private data sources, such as multiple listing services, tax assessment records, public land records and other such data sources for the area in which the property is located.
13. I obtained the information, estimates, and opinions furnished by other parties and expressed in this appraisal report from reliable sources that I believe to be true and correct.
14. I have taken into consideration the factors that have an impact on value with respect to the subject neighborhood, subject property, and the proximity of the subject property to adverse influences in the development of my opinion of market value. I have noted in this appraisal report any adverse conditions (such as, but not limited to, needed repairs, deterioration, the presence of hazardous wastes, toxic substances, adverse environmental conditions, etc.) observed during the inspection of the subject property or that I became aware of during the research involved in performing this appraisal. I have considered these adverse conditions in my analysis of the property value, and have reported on the effect of the conditions on the value and marketability of the subject property.
15. I have not knowingly withheld any significant information from this appraisal report and, to the best of my knowledge, all statements and information in this appraisal report are true and correct.
16. I stated in this appraisal report my own personal, unbiased, and professional analysis, opinions, and conclusions, which are subject only to the assumptions and limiting conditions in this appraisal report.
17. I have no present or prospective interest in the property that is the subject of this report, and I have no present or prospective personal interest or bias with respect to the participants in the transaction. I did not base, either partially or completely, my analysis and/or opinion of market value in this appraisal report on the race, color, religion, sex, age, marital status, handicap, familial status, or national origin of either the prospective owners or occupants of the subject property or of the present owners or occupants of the properties in the vicinity of the subject property or on any other basis prohibited by law.
18. My employment and/or compensation for performing this appraisal or any future or anticipated appraisals was not conditioned on any agreement or understanding, written or otherwise, that I would report (or present analysis supporting) a predetermined specific value, a predetermined minimum value, a range or direction in value, a value that favors the cause of any party, or the attainment of a specific result or occurrence of a specific subsequent event (such as approval of a pending mortgage loan application).
19. I personally prepared all conclusions and opinions about the real estate that were set forth in this appraisal report. If I relied on significant real property appraisal assistance from any individual or individuals in the performance of this appraisal or the preparation of this appraisal report, I have named such individual(s) and disclosed the specific tasks performed in this appraisal report. I certify that any individual so named is qualified to perform the tasks. I have not authorized anyone to make a change to any item in this appraisal report; therefore, any change made to this appraisal is unauthorized and I will take no responsibility for it.
20. I identified the lender/client in this appraisal report who is the individual, organization, or agent for the organization that ordered and will receive this appraisal report.

Uniform Residential Appraisal Report

File # 36966

21. The lender/client may disclose or distribute this appraisal report to: the borrower; another lender at the request of the borrower; the mortgagee or its successors and assigns; mortgage insurers; government sponsored enterprises; other secondary market participants; data collection or reporting services; professional appraisal organizations; any department, agency, or instrumentality of the United States; and any state, the District of Columbia, or other jurisdictions; without having to obtain the appraiser's or supervisory appraiser's (if applicable) consent. Such consent must be obtained before this appraisal report may be disclosed or distributed to any other party (including, but not limited to, the public through advertising, public relations, news, sales, or other media).

22. I am aware that any disclosure or distribution of this appraisal report by me or the lender/client may be subject to certain laws and regulations. Further, I am also subject to the provisions of the Uniform Standards of Professional Appraisal Practice that pertain to disclosure or distribution by me.

23. The borrower, another lender at the request of the borrower, the mortgagee or its successors and assigns, mortgage insurers, government sponsored enterprises, and other secondary market participants may rely on this appraisal report as part of any mortgage finance transaction that involves any one or more of these parties.

24. If this appraisal report was transmitted as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or a facsimile transmission of this appraisal report containing a copy or representation of my signature, the appraisal report shall be as effective, enforceable and valid as if a paper version of this appraisal report were delivered containing my original hand written signature.

25. Any intentional or negligent misrepresentation(s) contained in this appraisal report may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq., or similar state laws.

SUPERVISORY APPRAISER'S CERTIFICATION: The Supervisory Appraiser certifies and agrees that:

1. I directly supervised the appraiser for this appraisal assignment, have read the appraisal report, and agree with the appraiser's analysis, opinions, statements, conclusions, and the appraiser's certification.
2. I accept full responsibility for the contents of this appraisal report including, but not limited to, the appraiser's analysis, opinions, statements, conclusions, and the appraiser's certification.
3. The appraiser identified in this appraisal report is either a sub-contractor or an employee of the supervisory appraiser (or the appraisal firm), is qualified to perform this appraisal, and is acceptable to perform this appraisal under the applicable state law.
4. This appraisal report complies with the Uniform Standards of Professional Appraisal Practice that were adopted and promulgated by the Appraisal Standards Board of The Appraisal Foundation and that were in place at the time this appraisal report was prepared.
5. If this appraisal report was transmitted as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or a facsimile transmission of this appraisal report containing a copy or representation of my signature, the appraisal report shall be as effective, enforceable and valid as if a paper version of this appraisal report were delivered containing my original hand written signature.

APPRAISER

Signature Frank Tomecek
 Name Frank Tomecek
 Company Name Frank Tomecek Real Estate Services
 Company Address 110 N. Market Street, P.O. BOX 410
Schaefferstown, PA 17088
 Telephone Number (717) 949-2678
 Email Address FRANK56@COMCAST.NET
 Date of Signature and Report 05/11/2020
 Effective Date of Appraisal 05/05/2020
 State Certification # GA000374L
 or State License # _____
 or Other (describe) _____ State # _____
 State PA
 Expiration Date of Certification or License 06/30/2021

ADDRESS OF PROPERTY APPRAISED

512 W Areba Ave
Hershey, PA 17033
 APPRAISED VALUE OF SUBJECT PROPERTY \$ 237,000

LENDER/CLIENT

Name No AMC
 Company Name Michael Mimoso
 Company Address 512 W. Areba Avenue, Hershey, PA 17033
 Email Address _____

SUPERVISORY APPRAISER (ONLY IF REQUIRED)

Signature _____
 Name _____
 Company Name _____
 Company Address _____
 Telephone Number _____
 Email Address _____
 Date of Signature _____
 State Certification # _____
 or State License # _____
 State _____
 Expiration Date of Certification or License _____

SUBJECT PROPERTY

- ☐ Did not inspect subject property
☐ Did inspect exterior of subject property from street
 Date of Inspection _____
☐ Did inspect interior and exterior of subject property
 Date of Inspection _____

COMPARABLE SALES

- ☐ Did not inspect exterior of comparable sales from street
☐ Did inspect exterior of comparable sales from street
 Date of Inspection _____

Uniform Residential Appraisal Report

File # 36966

FEATURE	SUBJECT	COMPARABLE SALE # 4	COMPARABLE SALE # 5	COMPARABLE SALE # 6
Address	512 W Areba Ave Hershey, PA 17033	538 Chestnut Ave Hershey, PA 17033		
Proximity to Subject		0.21 miles S		
Sale Price	\$	\$ 265,000	\$	\$
Sale Price/Gross Liv. Area	\$ sq.ft.	\$ 134.93 sq.ft.	\$ sq.ft.	\$ sq.ft.
Data Source(s)		Bright#PADA109644;DOM 7		
Verification Source(s)		MLS/Tax Records		
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-) \$ Adjustment	DESCRIPTION
Sales or Financing		ArmLth		
Concessions		Cash;0		
Date of Sale/Time		s07/19;c05/19		
Location	N;Res;	N;Res;		
Leasehold/Fee Simple	Fee Simple	Fee Simple		
Site	11250 sf	13504 sf	-1,127	
View	N;Res;	N;Res;		
Design (Style)	DT1;Ranch	DT1;Ranch		
Quality of Construction	Q4	Q4		
Actual Age	63	55	0	
Condition	C5	C4	-5,000	
Above Grade	Total Bdrms. Baths	Total Bdrms. Baths		Total Bdrms. Baths
Room Count	6 3 1.1	6 3 2.0	-2,000	
Gross Living Area	1,522 sq.ft.	1,964 sq.ft.	-8,840	sq.ft.
Basement & Finished	1522sf942sfin	1964sf0sfin	-2,210	
Rooms Below Grade	1rr1br0.0ba0o		+5,000	
Functional Utility	Average	Average		
Heating/Cooling	Oilhw/Cent	Oilhw/Cent		
Energy Efficient Items	Insul wndws	Insul wndws		
Garage/Carport	1ga2dw	2ga2dw	-3,000	
Porch/Patio/Deck	Stp/Por/Patio	Stoop/Patio	+1,000	
Fireplace	Elec Frplc	None	+500	
Other	None	None		
Net Adjustment (Total)		<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ -15,677	<input type="checkbox"/> + <input type="checkbox"/> -
Adjusted Sale Price		Net Adj. 5.9 %		Net Adj. %
of Comparables		Gross Adj. 10.8 %	\$ 249,323	Gross Adj. %
Report the results of the research and analysis of the prior sale or transfer history of the subject property and comparable sales (report additional prior sales on page 3).				
ITEM	SUBJECT	COMPARABLE SALE # 4	COMPARABLE SALE # 5	COMPARABLE SALE # 6
Date of Prior Sale/Transfer				
Price of Prior Sale/Transfer				
Data Source(s)	Deeds/Tax Records	Deeds/Tax Records		
Effective Date of Data Source(s)	05/06/2020	05/06/2020		
Analysis of prior sale or transfer history of the subject property and comparable sales				
Analysis/Comments				

Supplemental Addendum

File No. 36966

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

I certify that, to the best of my knowledge and belief:

I have not performed any prior services regarding the subject property, as an appraiser, or in any other capacity, within the 3 year period immediately preceding acceptance of this appraisal assignment.

SUBJECT SECTION

The subject property is located in Derry Township, Dauphin County, PA

The deeded owner of record is Michael A. & Amelie Mimoso

CONTRACT SECTION

The subject is not currently under agreement.

NEIGHBORHOOD SECTION

The reported value is below the predominant value of the neighborhood, this will not affect the marketability or future marketability of the subject property. The subject property is not an under improvement for the neighborhood, but is a typical home that blends in well with the surrounding properties. This factor will have no affect upon the present or future marketability of the subject property.

SITE SECTION

The site consists of an average lot for the neighborhood in terms of size and appeal. There are no known adverse environmental conditions effecting the subject properties that the appraiser could observe.

The highest and best use of the subject property has been analyzed and considered to be its current single family use. Please note that in the development of the appraisal, unless otherwise indicated, land is appraised as though vacant and available for development to its highest and best use, and that the appraisal of the improvements is based on their contribution to the site.

The subject is located in an area that is zoned - **Hershey Mix**

The appraiser is not a home or environmental inspector. The appraiser provides an opinion of value. The appraiser does not guarantee that the property is free of defects or environmental problems. The appraiser performs an inspection of visible and accessible areas only.

The appraiser is not qualified to detect the presence of radon gas in the subject property. Should radon gas contamination be a concern, a qualified professional should be consulted.

The appraiser is not qualified to detect the presence of harmful type mold. Mold may be present in areas that the appraiser cannot see. If mold is a concern, a home or environmental inspection should be performed by a qualified professional.

The appraiser is unable to verify the insulation "R" factor. Any information about insulation stated on the appraisal was provided by inspection, owner, or agent, and is assumed to be accurate. The presence of urea-formaldehyde foam insulation could not be determined.

If UFFI, mold radon or any other non-visible environmental issue is present, the appraised market value may be adversely affected or voided.

This appraisal is not a home inspection and the appraiser is not acting as a home inspector when preparing the report. The inspection is not technically exhaustive. The inspection does not offer warranties or guarantees of any kind. The borrower has the right to have the home inspected by a professional home inspector.

The appraiser cannot be relied upon to disclose the conditions and/or defects in the subject property. When performing the inspection of the subject property, the appraiser visually observed areas that were readily accessible. The appraiser is not required to disturb or move anything that obstructs access or visibility.

There are no leases for oil, gas or mineral leases within the subjects development. There is no active drilling within 200 feet of the subject property.

IMPROVEMENT SECTION

The subject property is a detached 1 story ranch style home that consists of 1522 square feet. The exterior of the home is brick with an asphalt shingle roof and insulated casement windows. There is a front porch, a front stoop, a rear uncovered patio and a 1 car attached garage. The interior of the home has a living room, a kitchen, a dining room, 3 bedrooms and 1 full bathroom and a 1 half bathroom. The interior walls are finished with plaster and the wood trim is painted. There is a mixture wood and vinyl tile flooring throughout the home. The bathrooms have oil hot water heating system and central air conditioning. The oil tank is located in the basement, no evidence of any odors or leaks at the time of the inspection. The basement has a finished family room, bedroom and laundry room. The exterior shrubbery is over grown. The window frames need painted. The garage side door needs replaced. The some of the wood flooring needs replaced.

The definition of effective age is an appraiser's estimate of the physical condition of the subject property. This opinion is based on the amount of wear and tear the subject has sustained over its lifetime. The difference between the actual age and the effective age is typically due to the level of maintenance and remodeling. Using this definition, I have arrived at an effective age

Signature Frank Tomecek
 Name Frank Tomecek
 Date Signed 05/11/2020
 State Certification # GA000374L State PA
 Or State License # _____ State _____

Signature _____
 Name _____
 Date Signed _____
 State Certification # _____ State _____
 Or State License # _____ State _____

Supplemental Addendum

File No. 36966

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

that is lower than the actual age. This is attributed to maintenance and updates that have been made by the various homeowners since purchase.

The subject has average functional utility, is typical in style for the neighborhood, is maintained in similar condition to nearby properties, and blends in well with the surrounding homes.

No warranties are implied and no liability is assumed for the structural or mechanical elements of the property.

SALES COMPARISON APPROACH SECTION

BRACKETING- All efforts are made to bracket the sales price, site, square footage, age, bedrooms, baths, garages, basements, and condition. However it is not always possible to do so without jeopardizing the integrity of the report and along with the final value. The difficulty in finding one truly comparable sale is always a task in itself. The fact that some of the differences between the subject property and the comparable sales has minimal affect on the value reported.

Basement square footage and finished basement square footage is information that is not readily available through the Dauphin County courthouse, public records or MLS records. Estimates were made base on the total square footage for the comparables where this information was not available.

Some of the comparables are located across major highways. These highways or majors roads are an integral part of the marketing area and provide quick access to employment, shopping, recreation and other services. Both the subject and the comparable sales enjoy the benefits of having access to the highway system.

COMPARABLE COMMENTS

Comparable sales having sold over six months prior were not given a time/date adjustment as market data reveals no significant increase or decline in property values over the past twelve months.

All comparables are settled and were verified with public records and/or with the realtors involved with the transaction. In the Multiple Listing Service, information concerning gross living area, lot size and room count is considered to be accurate. However, no warranties are implied due to the data being supplied by someone other than the appraiser.

SUMMARY OF SALES COMPARISON

In this market place it is typical to find the seller aiding in the buyers closing costs in the amount of 3%. The comparables that had paid more were adjusted for the differences between them.

There are not many homes of this size, age and quality that have recently sold. Therefore some of the comparables features vary more than 20% from the subject property. The comparables provided are the most similar ones available. No affect on the subject marketability.

The Direct Sales Comparison Approach is considered to provide the typical actions of buyers and sellers in the marketplace and has been given the most weight in determining the final opinion of value.

Through our appraisal software, the comparable properties utilized in the report are analyzed and weighted for price, price per square foot, indicated value, indicated value per square foot, size, age, largest adjustment difference and percentage of this adjustment, gross adjustment difference and percentage of adjustment, net adjustment difference and percentage of adjustment. The ratios of the gross dollar adjustment to sale price for each comparable is then used to calculate the weight of the comparable.

Adjustments are made to the comparable sales for the differences that affect value in the market place. The adjustments that are made the most are generally for lot size, quality, age, condition, square footage, bedrooms, bathrooms heating and cooling, finished basement areas, garage space, fireplaces, and porches and deck areas. The amount of adjustments used are derived from paired sales that have occurred during the normal course of appraising real property over a period of time. There are no set adjustments for the differences that affect value and the experience of the appraiser has a major role in applying these adjustments that are appropriate and reasonable and in line with market expectations. Therefore, the adjustments made in this report have come from years of experience the appraiser has, from paired sales from a period of time and from having knowledge of the marketing area that the subject property is located in.

The comparables used are similar in market appeal, are the best available from the market area and are all closed sales. The comparable sales presented are the most similar sales available, and are considered generally competitive with the subject property. Adjustments were made to reflect market reactions to differences between the subject and comparables. The rounded rate of \$ 20.00 per square foot was applied to square footage difference. The rounded rate of \$.50 cents per square foot of land was applied to the site difference. The first line of the room section in the adjustment grid is for bedroom difference and the second line is for bathroom and square footage difference. The total room count/room sizes are reflected in the gross living area adjustment. The first line of the basement adjustments are applied for the difference in percentage of basement and the second line of the basement adjustments are for finished area differences.

In the valuation of the property, no value has been given to any personal property.

Signature *Frank Tomecek*
 Name Frank Tomecek
 Date Signed 05/11/2020
 State Certification # GA000374L State PA
 Or State License # _____ State _____

Signature _____
 Name _____
 Date Signed _____
 State Certification # _____ State _____
 Or State License # _____ State _____

Supplemental Addendum

File No. 36966

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

SALES COMPARISON APPROACH

Analysis of Comparable #1

Item	Subject	Comp	-	+-	-	Var %
Price	0	270,000		N/A		N/A
Price/SF	0	187.50		N/A		N/A
Ind Value	237,000	236,140		-860		-0.36%
Ind Val/SF	155.72	163.99		8.27		5.31%
Size	1,522	1,440		-82		-5.39%
Age	63	63		0		0%
Largest Adjustment		: 25,000				
Largest Adjustment %		: 9.26%				
Gross Adjustment		: 47,140				
Gross Adjustment %		: 17.46%				
Net Adjustment		: -33860				
Net Adjustment %		: -12.54%				

Analysis of Comparable #2

Item	Subject	Comp	-	+-	-	Var %
Price	0	235,000		N/A		N/A
Price/SF	0	139.22		N/A		N/A
Ind Value	237,000	228,680		-8,320		-3.51%
Ind Val/SF	155.72	135.47		-20.24		-13%
Size	1,522	1,688		166		10.91%
Age	63	53		-10		-15.87%
Largest Adjustment		: 5,000				
Largest Adjustment %		: 2.13%				
Gross Adjustment		: 16,320				
Gross Adjustment %		: 6.94%				
Net Adjustment		: -6320				
Net Adjustment %		: -2.69%				

Analysis of Comparable #3

Item	Subject	Comp	-	+-	-	Var %
Price	0	245,000		N/A		N/A
Price/SF	0	144.97		N/A		N/A
Ind Value	237,000	237,760		760		0.32%
Ind Val/SF	155.72	140.69		-15.03		-9.65%
Size	1,522	1,690		168		11.04%
Age	63	57		-6		-9.52%
Largest Adjustment		: 5,000				
Largest Adjustment %		: 2.04%				
Gross Adjustment		: 19,480				
Gross Adjustment %		: 7.95%				
Net Adjustment		: -7240				
Net Adjustment %		: -2.96%				

Signature Frank Tomecek
 Name Frank Tomecek
 Date Signed 05/11/2020
 State Certification # GA000374L State PA
 Or State License # _____ State _____

Signature _____
 Name _____
 Date Signed _____
 State Certification # _____ State _____
 Or State License # _____ State _____

Supplemental Addendum

File No. 36966

Borrower	n/a						
Property Address	512 W Areba Ave						
City	Hershey	County	Dauphin	State	PA	Zip Code	17033
Lender/Client	Michael Mimosa						

Analysis of Comparable #4

<u>Item</u>	<u>Subject</u>	<u>Comp</u>	<u>-</u>	<u>+ -</u>	<u>-</u>	<u>Var %</u>
Price	0	265,000		N/A		N/A
Price/SF	0	134.93		N/A		N/A
Ind Value	237,000	249,323		12,323		5.20%
Ind Val/SF	155.72	126.95		-28.77		-18.48%
Size	1,522	1,964		442		29.04%
Age	63	55		-8		-12.70%
Largest Adjustment		: 8,840				
Largest Adjustment %		: 3.34%				
Gross Adjustment		: 28,677				
Gross Adjustment %		: 10.82%				
Net Adjustment		: -15677				
Net Adjustment %		: -5.92%				

Comparables Summary & Estimated Indicated Value

	<u>Sale Price</u>	<u>Grs Adj %</u>	<u>Ind Value</u>	<u>Weight</u>
Comp #1:	270,000	17.46	236,140	19.85
Comp #2:	235,000	6.94	228,680	27.97
Comp #3:	245,000	7.95	237,760	27.19
Comp #4:	265,000	10.82	249,323	24.98

Estimated indicated value is determined by using the Gross Adjustment of sale price for each comparable as a measure of the relative quality of the comp. A lower adjustment indicates a better comp, and vice versa. The ratio of gross dollar adjustment to sale price for each of the comps is used to calculate the weight each comp should have in a weighted average calculation. This weighted average is used to support the final value arrived at by the appraiser. As with any method, this technique is not perfect. However, it does do a very good job of giving more weight to the most similar comps while at the same time minimizing values near the extremes of the indicated value range. These extremes usually are from the necessity of bracketing the differences that is required by the lender and the lack of truly comparable sales that have sold.

COST APPROACH

The cost approach has not been developed because of the old age of the subject and the difficulty in estimating depreciation. This approach may be misleading to the client. A credible opinion of value can be developed with the exclusion of this approach.

INCOME APPROACH

The income approach has not been developed due to the fact that single family homes of this type are seldom purchased for income purposes. Therefore, the marketplace lacks adequate rental data in order to arrive at a gross rent multiplier.

ADDITIONAL COMMENTS

The client is hereby identified as: **Michael Mimosa**


The intended user(s) of this appraisal report is the aforementioned client only; and/or agents of the client with legal documentation indicating their capacity to act as a representative of the client and/or individuals or entities in which has transferred or assigned their rights as a client thereof.

The intended use of this appraisal report is to assist the client in determining a fair market value for bankruptcy proceedings. The use of this appraisal for a purpose other than stated above is prohibited.

This appraisal has been electronically prepared in compliance with USPAP guidelines and Title XI of FIRREA. While there is no way to absolutely prevent unethical or criminal tampering, the report includes a secure digital signature and adequate security measures in place to protect the data produced by the appraiser. Electronic delivery of the report is common. If you are the intended user, as described in this report, and have concerns about its authenticity, you may send the report for verification.

COMPETENCY

I have been appraising properties in Lebanon, Lancaster, Dauphin and Berks County since 1983 and have done numerous appraisals in the subject's immediate neighborhood. My office is located within 21 miles of the subject property. The data sources for gathering pertinent information for valuing the subject property are as follows. I'm a member of the Lebanon/Lancaster/Berks and Dauphin County Bright Multi-list service, Multi-list service used for searching of comparable sales and listings. Court House on line for tax records are used for verification and Landex Remote for property deeds.

Signature 	Signature _____
Name <u>Frank Tomecek</u>	Name _____
Date Signed <u>05/11/2020</u>	Date Signed _____
State Certification # <u>GA000374L</u> State <u>PA</u>	State Certification # _____ State _____
Or State License # _____ State _____	Or State License # _____ State _____

Supplemental Addendum

File No. 36966

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

AIR DISCLOSURE STATEMENT

The Appraiser has prepared this appraisal in full compliance with applicable Appraiser Independence Requirements and has not performed, participated in, or been associated with any activity in violation of those requirements.

Signature *Frank Tomecek*
Name Frank Tomecek
Date Signed 05/11/2020
State Certification # GA000374L State PA
Or State License # _____ State _____

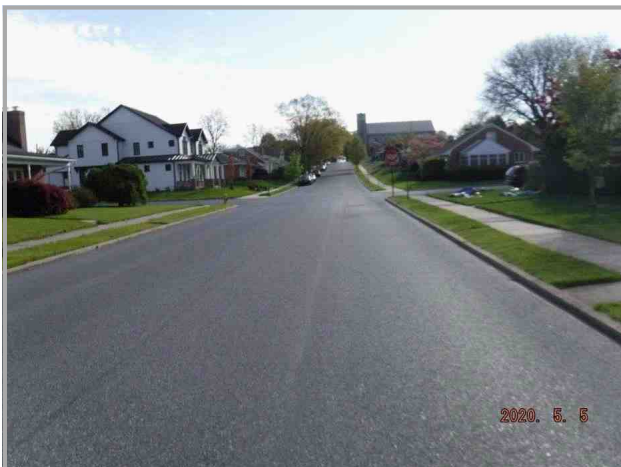
Signature _____
Name _____
Date Signed _____
State Certification # _____ State _____
Or State License # _____ State _____

Subject Photo Page

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

**Subject Front**

512 W Areba Ave
 Sales Price
 Gross Living Area 1,522
 Total Rooms 6
 Total Bedrooms 3
 Total Bathrooms 1.1
 Location N;Res;
 View N;Res;
 Site 11250 sf
 Quality Q4
 Age 63

**Subject Rear****Subject Street**

Photograph Addendum

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

**Street****Side view****Side view****At front door shrubbery is overgrown****Side and porch view****Window frames needs painted****Window frames needs painted****Window frames needs painted****Garage door needs replaced****Parking area****Interior of garage****overgrown shrubbery**

Photograph Addendum

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

**Bedroom****Half bath****Living room****Hardwood flooring needs replaced/dog issue****Old vinyl flooring in kitchen****Kitchen****Breakfast area****Dining room-no heat cut off****Dining room-floor needs replaced-dog issue****Central vacuum****Basement under dining room- not finished****Laundry**

Photograph Addendum

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

**Damage ceiling tile****Oil tank****Basement****Old basement shower****Basement****Electric panel****Basement bedroom****Damage ceiling in basement bedroom**

Comparable Photo Page

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					

**Comparable 1**

534 W Areba Ave
Prox. to Subject 0.04 miles SW
Sales Price 270,000
Gross Living Area 1,440
Total Rooms 6
Total Bedrooms 3
Total Bathrooms 1.0
Location N;Res;
View N;Res;
Site 10890 sf
Quality Q4
Age 63

**Comparable 2**

557 Beech Ave
Prox. to Subject 0.10 miles SW
Sales Price 235,000
Gross Living Area 1,688
Total Rooms 5
Total Bedrooms 3
Total Bathrooms 2.0
Location N;Res;
View N;Res;
Site 10890 sf
Quality Q4
Age 53

**Comparable 3**

527 Cedar Ave
Prox. to Subject 0.11 miles S
Sales Price 245,000
Gross Living Area 1,690
Total Rooms 8
Total Bedrooms 5
Total Bathrooms 2.0
Location N;Res;
View N;Res;
Site 10890 sf
Quality Q4
Age 57

Comparable Photo Page

Borrower	n/a						
Property Address	512 W Areba Ave						
City	Hershey	County	Dauphin	State	PA	Zip Code	17033
Lender/Client	Michael Mimoso						



Comparable 4

538 Chestnut Ave	
Prox. to Subject	0.21 miles S
Sales Price	265,000
Gross Living Area	1,964
Total Rooms	6
Total Bedrooms	3
Total Bathrooms	2.0
Location	N;Res;
View	N;Res;
Site	13504 sf
Quality	Q4
Age	55

Comparable 5

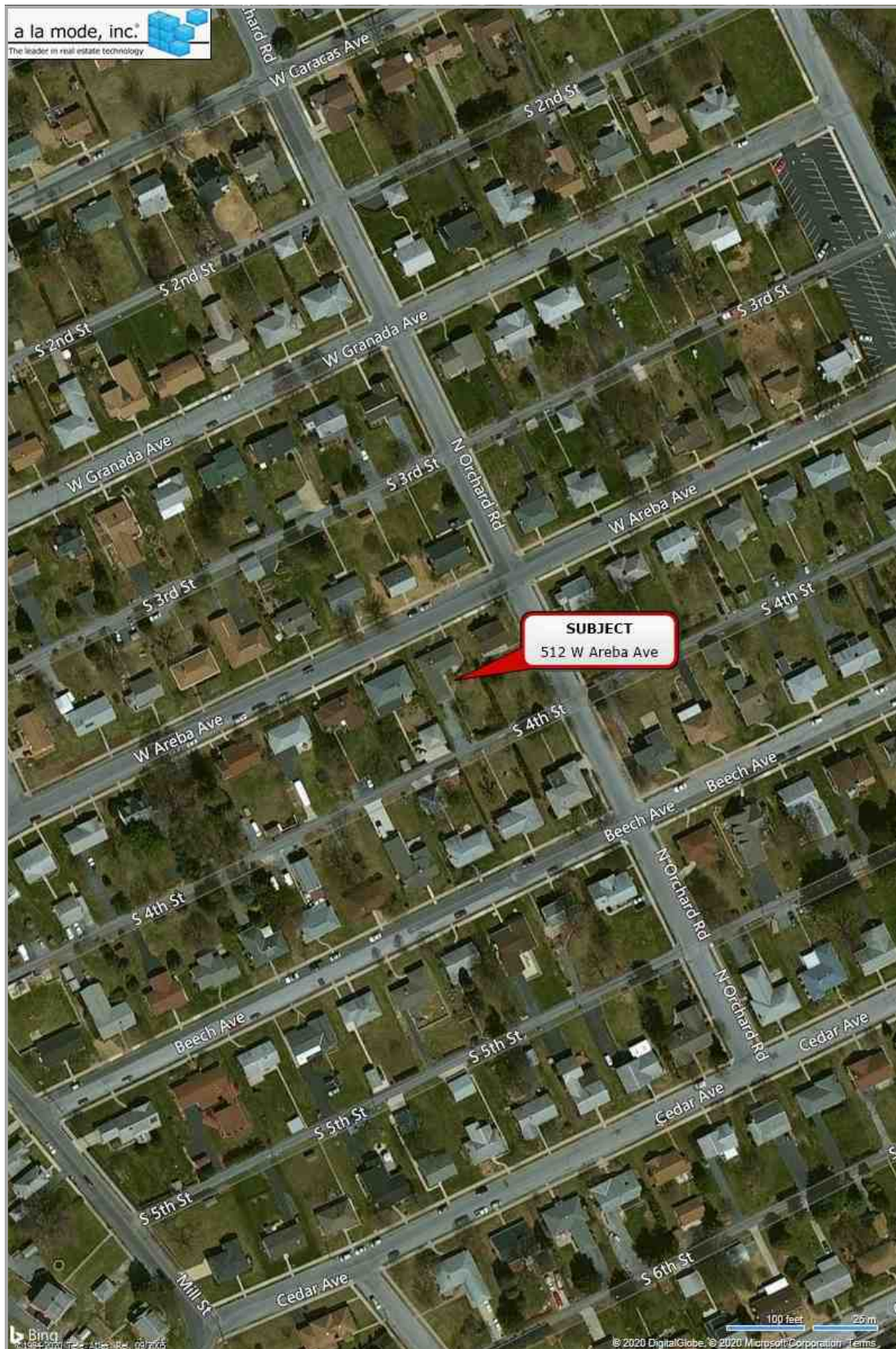
Prox. to Subject
Sales Price
Gross Living Area
Total Rooms
Total Bedrooms
Total Bathrooms
Location
View
Site
Quality
Age

Comparable 6

Prox. to Subject
Sales Price
Gross Living Area
Total Rooms
Total Bedrooms
Total Bathrooms
Location
View
Site
Quality
Age

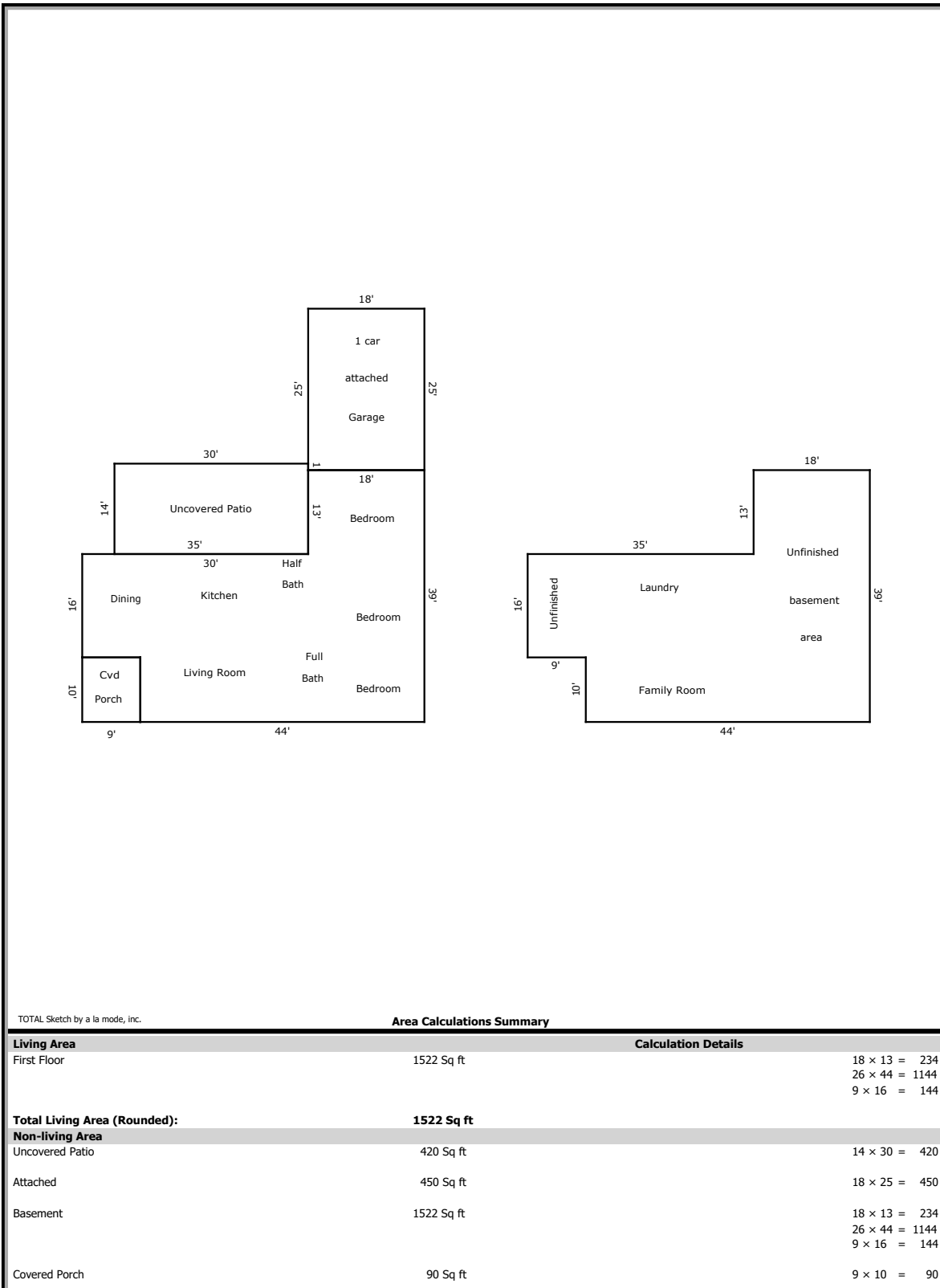
Aerial Map

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					



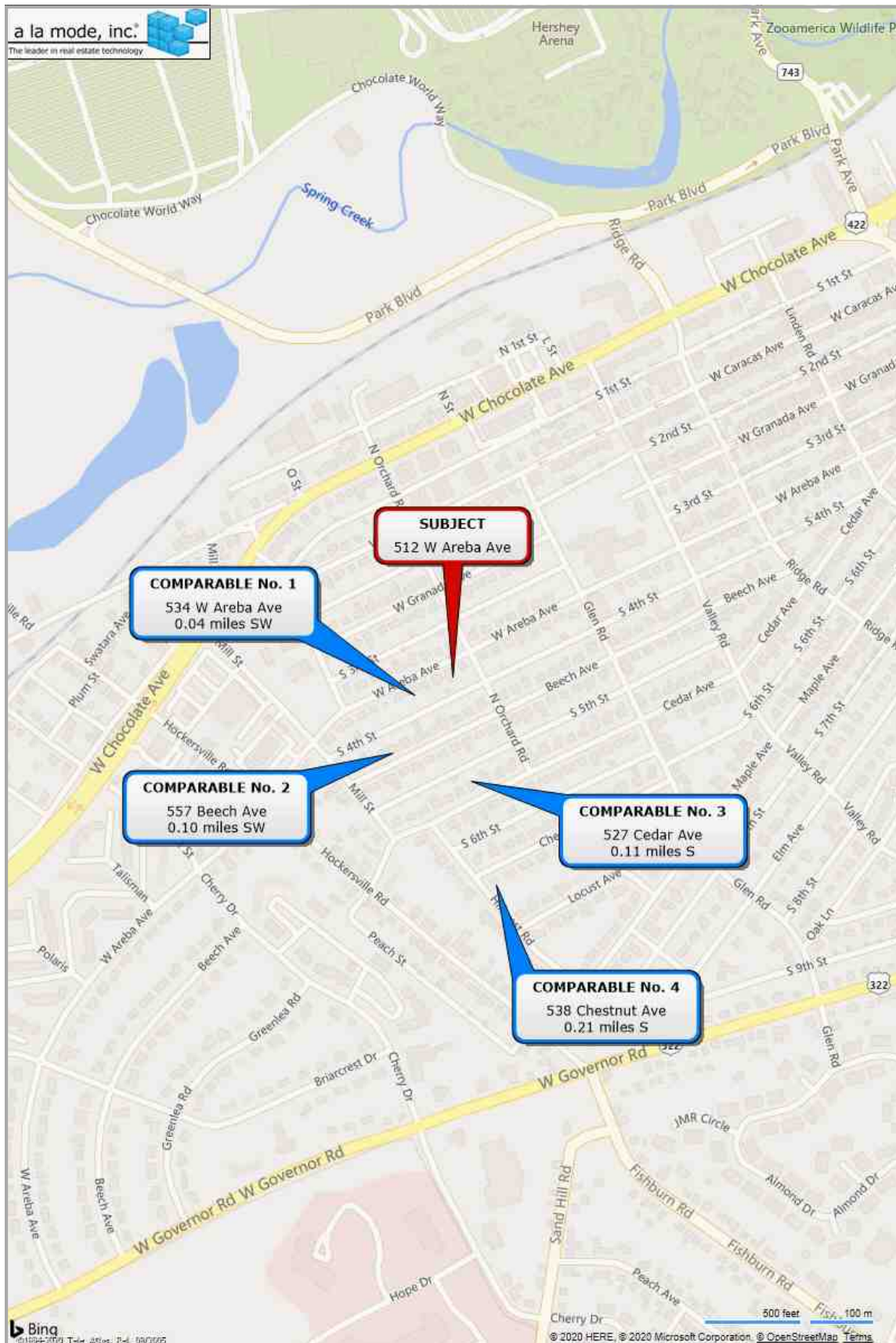
Building Sketch

Borrower	n/a					
Property Address	512 W Areba Ave					
City	Hershey	County	Dauphin	State	PA	Zip Code 17033
Lender/Client	Michael Mimoso					



Location Map

Borrower	n/a						
Property Address	512 W Areba Ave						
City	Hershey	County	Dauphin	State	PA	Zip Code	17033
Lender/Client	Michael Mimoso						



Parcel # 49758
24-035-012
RECEIVED

Deed

2005 NOV 30 P 2:36

RECORDERS OFFICE
COUNTY OF DAUPHIN
PENNSYLVANIA

This Indenture, made the 25th day of November, 2005,

Between

LINDA C. SCHIRALDI

(hereinafter called the Grantor), of the one part, and

MICHAEL A. MIMOSO AND AMELIE MIMOSO, HUSBAND AND WIFE

(hereinafter called the Grantees), of the other part,

Witnesseth, that the said Grantor for and in consideration of the sum of **One Hundred Eighty-Three Thousand And 00/100 Dollars (\$183,000.00)** lawful money of the United States of America, unto her well and truly paid by the said Grantees, at or before the sealing and delivery hereof, the receipt whereof is hereby acknowledged, has granted, bargained and sold, released and confirmed, and by these presents does grant, bargain and sell, release and confirm unto the said Grantees, as tenants by the entirety

ALL THAT CERTAIN lot or piece of land situate in the Township of Derry, Dauphin County, State of Pennsylvania, designated and known as all of lot numbered 33 and the Westerly one-half of lot numbered 34, of Block No. 29 on a plan of lots known as Subdivision "D", bounded and described as follows:

BEGINNING at a point on the South side of West Areba Avenue, said point being seventy-five (75) feet West of the Southwest corner of West Areba Avenue and Orchard Road; thence extending Southwardly at right angles to West Areba Avenue for a distance of one hundred fifty (150) feet to a point on the North side of a fifteen (15) feet wide alley; thence extending Westwardly along the North side of said alley and parallel to West Areba Avenue for a distance of seventy-five (75) feet to a point; thence extending Northwardly at right angles to said alley and West Areba Avenue for a distance of one hundred fifty (150) feet to a point on the South side of West Areba Avenue; thence extending Eastwardly along the South side of West Areba Avenue for a distance of seventy-five (75) feet to the place of BEGINNING.

SUBJECT to all the exceptions, reservations, conditions, and restrictions contained in prior conveyances.

BEING THE SAME PREMISES which Jeffrey A. Romualdi and Diane N. Romualdi, husband and wife, by their Deed dated June 18, 2003 and recorded July 3, 2003 in the Office of the Recorder of Deeds in and for Dauphin County, Pennsylvania, in Record Book 5002, Page 625, granted and conveyed unto Linda C. Schiraldi, the Grantor herein.

I

BK 6302 PG 140

SLT# 400501904

Together with all and singular the buildings and improvements, ways, streets, alleys, driveways, passages, waters, water-courses, rights, liberties, privileges, hereditaments and appurtenances, whatsoever unto the hereby granted premises belonging, or in anywise appertaining, and the reversions and remainders, rents, issues, and profits thereof; and all the estate, right, title, interest, property, claim and demand whatsoever of her, the said grantor, as well at law as in equity, of, in and to the same.

To have and to hold the said lot or piece of ground described above, with the buildings and improvements thereon erected, hereditaments and premises hereby granted, or mentioned and intended so to be, with the appurtenances, unto the said Grantees, their heirs and assigns, to and for the only proper use and behoof of the said Grantees, their heirs and assigns, forever.

And the said Grantor, for herself and her heirs, executors and administrators, does, by these presents, covenant, grant and agree, to and with the said Grantees, their heirs and assigns, that she, the said Grantor, and her heirs, all and singular the hereditaments and premises herein described and granted, or mentioned and intended so to be, with the appurtenances, unto the said Grantees, their heirs and assigns, against her, the said Grantor, and her heirs, will warrant and defend against the lawful claims of all persons claiming by, through or under the said Grantor but not otherwise.

In Witness Whereof, the party of the first part has hereunto set her hand and seal. Dated the day and year first above written.

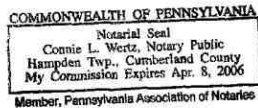
Sealed and Delivered
IN THE PRESENCE OF US:

 {SEAL}
Linda C. Schiraldi

Commonwealth of Pennsylvania } ss
County of Dauphin }

On this the 25th day of November, 2005, before me, the undersigned Notary Public, personally appeared Linda C. Schiraldi, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Connie L Weitz
Notary Public
My commission expires _____

The address of the above-named Grantees is:
512 West Areba Avenue, Hershey, PA 17033.

Connie L Weitz
On behalf of the Grantees

P69634		11/30/2005			
SECURED LAND		IL			
NO	TRANSACTION	COUNTY	PERM	TOTAL	
1	10 DECK	13.00	0.50	13.50	
1	39 AFFORDABLE HOUSING	13.00		13.00	
1	15 MORTGAGES	13.00	0.50	13.50	
1	39 AFFORDABLE HOUSING	13.00		13.00	
13	12 EXTRA PAGES	25.00		25.00	
2	59 ADEP		20.00	20.00	
2	53 ACT 1 OF 1998	10.00		10.00	
PR REALTY TRANSFER TAXES :				109.00	
COMMONWEALTH OF PENNSYLVANIA				1830.00	
4	DEERY TWP			915.00	
90	DEERY SCHOOL DIST			915.00	
	CASH.. 0.00	CHECK..	3765.00	3,765.00	

I hereby CERTIFY that this document
is recorded in the Recorder's Office
of Dauphin County, Pennsylvania.



James M. Zugay, Esq.
Recorder of Deeds

UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

Condition Ratings and Definitions

C1

The improvements have been recently constructed and have not been previously occupied. The entire structure and all components are new and the dwelling features no physical depreciation.

Note: Newly constructed improvements that feature recycled or previously used materials and/or components can be considered new dwellings provided that the dwelling is placed on a 100 percent new foundation and the recycled materials and the recycled components have been rehabilitated/remanufactured into like-new condition. Improvements that have not been previously occupied are not considered "new" if they have any significant physical depreciation (that is, newly constructed dwellings that have been vacant for an extended period of time without adequate maintenance or upkeep).

C2

The improvements feature no deferred maintenance, little or no physical depreciation, and require no repairs. Virtually all building components are new or have been recently repaired, refinished, or rehabilitated. All outdated components and finishes have been updated and/or replaced with components that meet current standards. Dwellings in this category are either almost new or have been recently completely renovated and are similar in condition to new construction.

Note: The improvements represent a relatively new property that is well maintained with no deferred maintenance and little or no physical depreciation, or an older property that has been recently completely renovated.

C3

The improvements are well maintained and feature limited physical depreciation due to normal wear and tear. Some components, but not every major building component, may be updated or recently rehabilitated. The structure has been well maintained.

Note: The improvement is in its first-cycle of replacing short-lived building components (appliances, floor coverings, HVAC, etc.) and is being well maintained. Its estimated effective age is less than its actual age. It also may reflect a property in which the majority of short-lived building components have been replaced but not to the level of a complete renovation.

C4

The improvements feature some minor deferred maintenance and physical deterioration due to normal wear and tear. The dwelling has been adequately maintained and requires only minimal repairs to building components/mechanical systems and cosmetic repairs. All major building components have been adequately maintained and are functionally adequate.

Note: The estimated effective age may be close to or equal to its actual age. It reflects a property in which some of the short-lived building components have been replaced, and some short-lived building components are at or near the end of their physical life expectancy; however, they still function adequately. Most minor repairs have been addressed on an ongoing basis resulting in an adequately maintained property.

C5

The improvements feature obvious deferred maintenance and are in need of some significant repairs. Some building components need repairs, rehabilitation, or updating. The functional utility and overall livability is somewhat diminished due to condition, but the dwelling remains useable and functional as a residence.

Note: Some significant repairs are needed to the improvements due to the lack of adequate maintenance. It reflects a property in which many of its short-lived building components are at the end of or have exceeded their physical life expectancy but remain functional.

C6

The improvements have substantial damage or deferred maintenance with deficiencies or defects that are severe enough to affect the safety, soundness, or structural integrity of the improvements. The improvements are in need of substantial repairs and rehabilitation, including many or most major components.

Note: Substantial repairs are needed to the improvements due to the lack of adequate maintenance or property damage. It reflects a property with conditions severe enough to affect the safety, soundness, or structural integrity of the improvements.

Quality Ratings and Definitions

Q1

Dwellings with this quality rating are usually unique structures that are individually designed by an architect for a specified user. Such residences typically are constructed from detailed architectural plans and specifications and feature an exceptionally high level of workmanship and exceptionally high-grade materials throughout the interior and exterior of the structure. The design features exceptionally high-quality exterior refinements and ornamentation, and exceptionally high-quality interior refinements. The workmanship, materials, and finishes throughout the dwelling are of exceptionally high quality.

Q2

Dwellings with this quality rating are often custom designed for construction on an individual property owner's site. However, dwellings in this quality grade are also found in high-quality tract developments featuring residence constructed from individual plans or from highly modified or upgraded plans. The design features detailed, high quality exterior ornamentation, high-quality interior refinements, and detail. The workmanship, materials, and finishes throughout the dwelling are generally of high or very high quality.

UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

Quality Ratings and Definitions (continued)

Q3

Dwellings with this quality rating are residences of higher quality built from individual or readily available designer plans in above-standard residential tract developments or on an individual property owner's site. The design includes significant exterior ornamentation and interiors that are well finished. The workmanship exceeds acceptable standards and many materials and finishes throughout the dwelling have been upgraded from "stock" standards.

Q4

Dwellings with this quality rating meet or exceed the requirements of applicable building codes. Standard or modified standard building plans are utilized and the design includes adequate fenestration and some exterior ornamentation and interior refinements. Materials, workmanship, finish, and equipment are of stock or builder grade and may feature some upgrades.

Q5

Dwellings with this quality rating feature economy of construction and basic functionality as main considerations. Such dwellings feature a plain design using readily available or basic floor plans featuring minimal fenestration and basic finishes with minimal exterior ornamentation and limited interior detail. These dwellings meet minimum building codes and are constructed with inexpensive, stock materials with limited refinements and upgrades.

Q6

Dwellings with this quality rating are of basic quality and lower cost; some may not be suitable for year-round occupancy. Such dwellings are often built with simple plans or without plans, often utilizing the lowest quality building materials. Such dwellings are often built or expanded by persons who are professionally unskilled or possess only minimal construction skills. Electrical, plumbing, and other mechanical systems and equipment may be minimal or non-existent. Older dwellings may feature one or more substandard or non-conforming additions to the original structure

Definitions of Not Updated, Updated, and Remodeled

Not Updated

Little or no updating or modernization. This description includes, but is not limited to, new homes.

Residential properties of fifteen years of age or less often reflect an original condition with no updating, if no major components have been replaced or updated. Those over fifteen years of age are also considered not updated if the appliances, fixtures, and finishes are predominantly dated. An area that is 'Not Updated' may still be well maintained and fully functional, and this rating does not necessarily imply deferred maintenance or physical/functional deterioration.

Updated

The area of the home has been modified to meet current market expectations. These modifications are limited in terms of both scope and cost.

An updated area of the home should have an improved look and feel, or functional utility. Changes that constitute updates include refurbishment and/or replacing components to meet existing market expectations. Updates do not include significant alterations to the existing structure.

Remodeled

Significant finish and/or structural changes have been made that increase utility and appeal through complete replacement and/or expansion.

A remodeled area reflects fundamental changes that include multiple alterations. These alterations may include some or all of the following: replacement of a major component (cabinet(s), bathtub, or bathroom tile), relocation of plumbing/gas fixtures/appliances, significant structural alterations (relocating walls, and/or the addition of) square footage). This would include a complete gutting and rebuild.

Explanation of Bathroom Count

Three-quarter baths are counted as a full bath in all cases. Quarter baths (baths that feature only a toilet) are not included in the bathroom count. The number of full and half baths is reported by separating the two values using a period, where the full bath count is represented to the left of the period and the half bath count is represented to the right of the period.

Example:

3.2 indicates three full baths and two half baths.



UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

Abbreviations Used in Data Standardization Text

[illegible]

License

<p>Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO BOX 2649 Harrisburg PA 17105-2649</p>		<p>License Type Certified General Appraiser FRANK DAVID TOMECEK 110 N. MARKET STREET P.O. BOX 410 SCHAEFFERTOWN, PA 17088</p>		<p>License Status Active Initial License Date 10/15/1991</p>		<p>Expiration Date 06/30/2021</p>	
<p>License Number GA000374L</p>		<p>Signature </p>		<p>Signature </p>		<p>ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.A.C.S. § 4911</p>	

APPRAISAL OF REAL PROPERTY



LOCATED AT

A-15, Angel L. Ortiz (A) St., Paradis Dev
Caguas, PR 00725
N: Remanent Lot; S: A Street; E: Remanent Lot; W: Carmen Paradis.

FOR

Michael Mimoso

AS OF

05/30/2020

BY

Nadia C Rodriguez Gonzalez
Appraisal Advisors Group
92 Urb. Lakeview Est
Caguas, PR 00725-3320
(787) 746-3219
aagroup01@gmail.com

USPAP Compliance Addendum

Loan # Private
File # 22005007

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortíz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortíz de Mimoso					

APPAISAL AND REPORT IDENTIFICATION

This Appraisal Report is one of the following types:

☐ Appraisal Report

This report was prepared in accordance with the requirements of the Appraisal Report option of USPAP Standards Rule 2-2(a).

☒ Restricted Appraisal Report

This report was prepared in accordance with the requirements of the Restricted Appraisal Report option of USPAP Standards Rule 2-2(b), and is intended only for the use of the client and any other named intended user(s). Users of this report must clearly understand that the report may not contain supporting rationale for all of the opinions and conclusions set forth in the report.

ADDITIONAL CERTIFICATIONS

I certify that, to the best of my knowledge and belief:

☒ The statements of fact contained in this report are true and correct.

☒ The report analyses, opinions, and conclusions are limited only by the reported assumptions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.

☒ I have no (or the specified) present or prospective interest in the property that is the subject of this report and no (or specified) personal interest with respect to the parties involved.

☒ I have no bias with respect to the property that is the subject of this report or the parties involved with this assignment.

☒ My engagement in this assignment was not contingent upon developing or reporting predetermined results.

☒ My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.

☒ My analyses, opinions, and conclusions were developed and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice.

☒ This appraisal report was prepared in accordance with the requirements of Title XI of FIRREA and any implementing regulations.

PRIOR SERVICES

☒ I have NOT performed services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.

☐ I HAVE performed services, as an appraiser or in another capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment. Those services are described in the comments below.

PROPERTY INSPECTION

☐ I have NOT made a personal inspection of the property that is the subject of this report.

☒ I HAVE made a personal inspection of the property that is the subject of this report.

APPAISAL ASSISTANCE

Unless otherwise noted, no one provided significant real property appraisal assistance to the person signing this certification. If anyone did provide significant assistance, they are hereby identified along with a summary of the extent of the assistance provided in the report.

ADDITIONAL COMMENTS

Additional USPAP related issues requiring disclosure and/or any state mandated requirements:

MARKETING TIME AND EXPOSURE TIME FOR THE SUBJECT PROPERTY

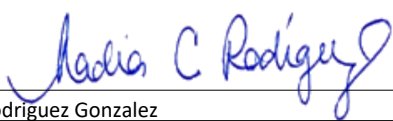
☒ A reasonable marketing time for the subject property is 90 - 180 day(s) utilizing market conditions pertinent to the appraisal assignment.

☒ A reasonable exposure time for the subject property is 90 - 180 day(s).

APPAISER

SUPERVISORY APPRAISER (ONLY IF REQUIRED)

Signature



Name

Nadia C Rodriguez Gonzalez

Date of Signature

06/15/2020

State Certification #

216RC

or State License #

State

PR

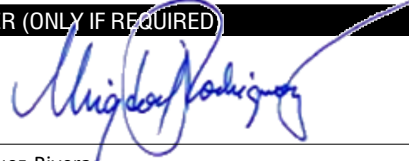
Expiration Date of Certification or License

08/28/2022

Effective Date of Appraisal

05/30/2020

Signature



Name

Migdoel Rodriguez-Rivera

Date of Signature

06/15/2020

State Certification #

PRGC201

or State License #

State

PR

Expiration Date of Certification or License

10/04/2020

Supervisory Appraiser Inspection of Subject Property

☒ Did Not

☐ Exterior-only from Street

☐ Interior and Exterior

USPAP Compliance Addendum 2020

Page 1 of 1

Form ID20EC - "TOTAL" appraisal software by a la mode, inc. - 1-800-ALAMODE

Case 1:20-bk-01242-HWV Doc 23 Filed 06/26/20 Entered 06/26/20 15:42:54 Desc Main Document Page 42 of 110

RESTRICTED APPRAISAL REPORT

SUBJECT	Property Address: A-15, Angel L. Ortíz (A) St., Paradis Dev										City: Caguas			State: PR			Zip Code: 00725			
	County: (025)Caguas										Legal Description: N: Remanent Lot; S: A Street; E: Remanent Lot; W: Carmen Paradis.									
											Assessor's Parcel #: 225-035-012-17-001									
	Tax Year: 2020		R.E. Taxes: \$ 0			Special Assessments: \$ 0			Borrower (if applicable): N/A											
	Current Owner of Record: Sucesión Carmen I. Ortíz de Mimoso										Occupant:		<input type="checkbox"/> Owner		<input type="checkbox"/> Tenant		<input checked="" type="checkbox"/> Vacant		<input type="checkbox"/> Manufactured Housing	
ASSIGNMENT	Property Type: <input type="checkbox"/> SFR <input checked="" type="checkbox"/> 2-4 Family <input type="checkbox"/>										# of Units: 2			Ownership Restriction: <input checked="" type="checkbox"/> None <input type="checkbox"/> PUD <input type="checkbox"/> Condo <input type="checkbox"/> Coop						
	Market Area Name: Paradis Development					Map Reference: 41980					Census Tract: 2010.00					<input type="checkbox"/> Flood Hazard				
	The purpose of this appraisal is to develop an opinion of: <input checked="" type="checkbox"/> Market Value (as defined), or <input type="checkbox"/> other type of value (describe)																			
	This report reflects the following value (if not Current, see comments): <input checked="" type="checkbox"/> Current (the Inspection Date is the Effective Date) <input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective																			
	Approaches developed for this appraisal: <input checked="" type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Other:																			
SALES COMPARISON APPROACH	Property Rights Appraised: <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Leased Fee <input type="checkbox"/> Other (describe)																			
	Intended Use: Determine market value.																			
	Under USPAP Standards Rule 2-2(b), this is a Restricted Appraisal Report, and is intended only for the sole use of the named client. There are no other intended users. The client must clearly understand that the appraiser's opinions and conclusions may not be understood properly without additional information in the appraiser's work file.																			
	Client: Michael Mimoso					Address:														
	Appraiser: Nadia C Rodriguez Gonzalez					Address: 92 Urb. Lakeview Est, Caguas, PR 00725-3320														
SALES COMPARISON APPROACH	FEATURE			SUBJECT			COMPARABLE SALE # 1				COMPARABLE SALE # 2				COMPARABLE SALE # 3					
	Address A-15, Angel L. Ortíz (A) St., Paradis Dev Caguas, PR 00725						AM-9, 31-A St., Residencial Bairoa Caguas, PR 00725				AC-1, Rodrigo Triana St.,Residencial Bairoa, Caguas, PR 00725				A-22, Ricky Seda St., Valle Tolima Caguas, PR 00725					
	Proximity to Subject						1.00 miles NW				0.95 miles N				0.98 miles W					
	Sale Price			\$ 0					\$ 97,000				\$ 105,000				\$ 105,000			
	Sale Price/GLA			\$/sq.ft.			\$ 48.07 /sq.ft.				\$ 54.21 /sq.ft.				\$ 87.50 /sq.ft.					
	Data Source(s)			Mrs. Rodriguez			Tasamax 119100; DOM Unk				Tasamax 120480; DOM 90				Tasamax 119548; DOM 90					
	Verification Source(s)			Field Inspection			Fellow Appraiser				Fellow Appraiser				Fellow Appraiser					
	VALUE ADJUSTMENTS			DESCRIPTION			DESCRIPTION		+(-) \$ Adjust.		DESCRIPTION		+(-) \$ Adjust.		DESCRIPTION		+(-) \$ Adjust.			
	Sales or Financing Concessions			0			None				None				Seller Concession					
							None				None				\$5,000.00		-5,000			
	Date of Sale/Time			N/A			06/17/2019				07/31/2019				06/29/2019					
	Rights Appraised			Fee Simple			Fee Simple				Fee Simple				Fee Simple					
	Location			Caguas Town			Average				Residencial Bairoa				Valle Tolima Dev					
	Site			200 sqm @ \$120			300 sqm @ \$100		-6,000		314 sqm @ \$100		-7,400		223 sqm @ \$120		-2,760			
	View			Residential/Avg.			Residential/Average				Residential/Avg.				Residential/Avg.					
	Design (Style)			2-Units/2-Stories			2-Units/2-Stories				4-Units/2-Story				0 2-Units/2-Story					
	Quality of Construction			Average			Average				Average				Average					
	Age			~60 Years			46 Years		0		45 Years		0		48 Years		0			
	Condition			Average			Average				Average				Average (-2%)					
	Above Grade			Total		Bdrms	Baths	Total	Bdrms	Baths	Total	Bdrms	Baths	Total	Bdrms	Baths				
	Room Count			10	4	2	10	6	4	-2,000	16	4	4.0	-2,000	10	4	2.0	0		
	Gross Living Area			2,001 sq.ft.			2,018 sq.ft.		+1,035		1,937 sq.ft.		+2,250		1,200 sq.ft.			+13,305		
	Basement & Finished Rooms Below Grade			0sf			0sf				0sf				0sf					
	Functional Utility			Average			Average				Average				Average					
	Heating/Cooling			None			None				None				None					
	Energy Efficient Items			None			None				None				None					
	Garage/Carport			None			2-Car Ext. Carport		-5,000		1-Car Carpot		-2,500		2-Car Carport		-5,000			
	Porch/Patio/Deck			(2) Porch			Porch,Balcony		-1,000		None		+2,000		Porch		+1,000			
	Extras			Fnc,Pa			Fnc,Pa				Fnc,Pa				Fnc,Pa					
	Extras			Ldy			OTer,Ldy		-500		Clo		+1,500		Sto,Ba, (2)Ldy		-3,500			
Extras			None			None				(2)OTer, (3)Ldy				-5,000		ATer,OpenArea		-500		
Extras			Unfinished Structure			None				+3,000		None		+3,000		None		+3,000		
Repairs Needed			Repairs Needed			None				-650		None		-650		None		-650		
Net Adjustment (Total)						<input type="checkbox"/> + <input checked="" type="checkbox"/> -		\$ -11,115		<input type="checkbox"/> + <input checked="" type="checkbox"/> -		\$ -8,800		<input type="checkbox"/> + <input checked="" type="checkbox"/> -		\$ -2,205				
Adjusted Sale Price of Comparables								\$ 85,885				\$ 96,200				\$ 102,795				
Summary of Sales Comparison Approach See attached addendum. Differences in gross living area (GLA) are adjusted based on a contributory unitary rate of \$15.00 per square foot. Based on the method of allocation, differences in site area are adjusted, based on \$100.00 per sm for the Subject and \$100.00, \$100.00, and \$120.00 per sm for Comparables 1, 2, and 3, respectively. A negative adjustment of 2% is applied in the "Condition" adjustment line grid of Comparable 3, to account for the fact that this comparable has updated ceramic tiles installed throughout in the entire property. The range of the adjusted sale prices of the comparables is from \$85,885.00 to \$102,795.00. The most probable indicated value for the																				

TRANSFER HISTORY	My research <input type="checkbox"/> did <input checked="" type="checkbox"/> did not reveal any prior sales or transfers of the subject property for the three years prior to the effective date of this appraisal.			
	Data Source(s): Owner interview			
	1st Prior Subject Sale/Transfer	Analysis of sale/transfer history and/or any current agreement of sale/listing: No prior sales or transfers were identified for the Subject, within three years from the effective date of the appraisal. No prior sales or transfers were identified for the comparables, within one year from the dates of sale shown in the sales comparison adjustment grid.		
	Date: N/A			
	Price: N/A			
	Source(s): Owner			
	2nd Prior Subject Sale/Transfer			
Date: N/A				
Price: N/A				
Source(s): Owner				
MARKET	Subject Market Area and Marketability: The subject property's market area is considered to have an average appeal to the market. The marketability of those properties located in the subject property's development is good, given that this neighborhood is located near PR-52 and PR-33, which provide good access to schools, shopping malls, service establishments, etc.			
SITE	Site Area: 200 sqm @ \$120	Site View: Residential/Avg.	Topography: Level	Drainage: Average
	Zoning Classification: R-C (CUT-12)	Description: "Residencial Comercial"		
	Zoning Compliance: <input checked="" type="checkbox"/> Legal		<input type="checkbox"/> Legal nonconforming (grandfathered)	<input type="checkbox"/> Illegal <input type="checkbox"/> No zoning
	Highest & Best Use: <input checked="" type="checkbox"/> Present use, or <input type="checkbox"/> Other use (explain)			
	Actual Use as of Effective Date: Residential		Use as appraised in this report: Residential	
	Opinion of Highest & Best Use: Residential			
	FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FEMA Flood Zone x	FEMA Map # 72000C1210J	FEMA Map Date 11/18/2009
Site Comments: No visible or apparent adverse encroachment was noted during the subject's property inspection. The site measure was obtained by a legal description provided by the client. The site area is a 189 sm.				
IMPROVEMENTS	Improvements Comments: The subject is of average quality construction and is in average condition. Several items were observed to require immediate repairs; refer to the attached "Repair and Maintenance Addendum".			
RECONCILIATION	Indicated Value by: Sales Comparison Approach \$ 96,000		Indicated Value by: Income Approach (if developed) \$	
	Final Reconciliation Market actions of buyers and sellers are best analyzed following the Sales Comparison Approach. Therefore, this approach offers the most reliable estimate of the market value. That approach is given greatest weight in the reconciliation. The Cost Approach provides confirmation of value only. The income approach was considered inapplicable.			
ATTACHMENTS	A true and complete copy of this report contains 23 pages, including exhibits which are considered an integral part of the report. This appraisal report may not be properly understood without reference to the information contained in the complete report.			
	Attached Exhibits:			
	<input checked="" type="checkbox"/> Scope of Work	<input checked="" type="checkbox"/> Limiting Cond./Certifications	<input type="checkbox"/> Narrative Addendum	<input checked="" type="checkbox"/> Photograph Addenda
	<input checked="" type="checkbox"/> Map Addenda	<input type="checkbox"/> Additional Sales	<input type="checkbox"/> Cost Addendum	<input checked="" type="checkbox"/> Sketch Addendum
<input type="checkbox"/> Hypothetical Conditions	<input type="checkbox"/> Extraordinary Assumptions	<input type="checkbox"/>	<input type="checkbox"/> Manuf. House Addendum	
SIGNATURES	Client Contact: Michael Mimoso		Client Name: Michael Mimoso	
	E-Mail: mikemimoso54@gmail.com		Address:	
	APPRaiser		SUPERVISORY APPRAISER (if required) or CO-APPRAISER (if applicable)	
	Appraiser Name: Nadia C Rodriguez Gonzalez		Supervisory or Co-Appraiser Name: Migdoel Rodriguez-Rivera	
	Company: Appraisal Advisors Group		Company: Appraisal Advisors Group	
	Phone: (787) 746-3219 Fax:		Phone: (787) 746-3219 Fax: (787) 746-1556	
	E-Mail: aagroup01@gmail.com		E-Mail: aagroup01@gmail.com	
	Date of Report (Signature): 06/15/2020		Date of Report (Signature): 06/15/2020	
	License or Certification #: 216RC State: PR		License or Certification #: PRGC201 State: PR	
Designation:		Designation:		
Expiration Date of License or Certification: 08/28/2022		Expiration Date of License or Certification: 10/04/2020		
Inspection of Subject: <input checked="" type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> None		Inspection of Subject: <input type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input checked="" type="checkbox"/> None		
Date of Inspection: 05/30/2020		Date of Inspection:		

Supplemental Addendum

File No. 22005007

Client	Michael Mimoso				
Property Address	A-15, Angel L. Ortíz (A) St., Paradis Dev				
City	Caguas	County	(025)Caguas	State	PR Zip Code 00725
Owner	Sucesión Carmen I. Ortíz de Mimoso				

Beginning Addendum

• GP Restricted Use : Neighborhood - Boundaries

Boundaries of the neighborhood are: to the North by: PR-189, to the South by: PR-34, to the East by: PR-183 and to the West by PR-52. The subject property is located in an urban area of the municipality of Caguas.

• GP Restricted Use : Neighborhood - Description

The subject property is part of the Paradis Development. This area is mostly bordered by other residential developments. No vacant land is available. It has reasonable access to major shopping centers, schools, entertainment centers, and employment centers. Fire and police protection is offered by the central government.

This is a 75 year-old neighborhood. Nevertheless, most properties in this vicinity are observed to have had adequate deferred maintenance. Yards and landscapes are in average condition. The size of the streets is the standard size for this type of neighborhood, which permits on-street parking and a good flow of traffic. Sidewalks, curbs, and grass strips are average.The municipal government of Caguas is in charge of the maintenance of these streets. Street lighting is adequate.

Ending Addendum

Clarifying Statement in the Scope of Work

The Intended User of this appraisal report is the client and all of those authorized by the client. The intended use is to evaluate the property that is the subject of this appraisal for assisting the client in establishing a sale price, subject to the stated Scope of Work, purpose of the appraisal, reporting requirements of this appraisal report form, and Definition of Market Value. No additional Intended Users are identified by the appraiser.

Current Owner: The appraiser has relied on the information provided by the clients in order to identify the owner of public record.

Cause of Action:

Any cause of action resulting between the appraiser and the client, in relation to this appraisal, either directly or indirectly, will be limited in damages to the amount of the appraisal fee received for the assignment. Furthermore, it is agreed that you will indemnify Eng. Migdoel Rodríguez d.b.a. Appraisal Advisors Group for any damages, costs, expenses, and attorney’s fees resulting from any cause of action by any interested party, other than the client, concerning the appraisal or appraisal report.

Definition of Complete Visual Inspection: In this appraisal the term "Complete Visual Inspection" means that the appraiser inspected those conditions that may have an effect in the market value. This include repairs that can be identified with a visual inspection. Nevertheless, it should be clear that the appraiser is not a "home inspector". The lender, client, and all insterested parties are invited to employ the services of a "home inspector" in order to assure that conditions that are not easily observed in a visual inspection are properly identified and reported.

Physical deficiencies that could affect the livability, soundness, or structural integrity of the property: In this appraisal this phrase means that the appraiser visually inspected the property and look ed for items such as the functional obsolescence, safety issues, external obsolescence, and health issues that may affect the livability of the property, therefore affect the market value of the property, and that can be easily observed in a visual inspection . It also means that the appraiser inspected the property and looked for items such as cracks, humidity, paint defects, infestation with insects that may affect the wood components, plastering defects, loose or missing tiles and settlement that may affect the soundness or structural integrity of the property, therefore affect the market value of the property, and that can be easily observed in a visual inspection. The client is invited to employ the services of a "home inspector" or of a "structural civil engineer" in order to assure that conditions that are not easily observed in a visual inspection are properly identified and reported.

Appraisal Institute Certification:

The reported analyses, opinions and conclusions were developed, and this report has been prepared, in conformity with the requirements of the Appraisal Institute’s Code of Professional Ethics and Standards of Professional Appraisal Practice, which include the Uniform Standards of Professional Appraisal Practice.

The use of this report is subject to the requirements of the Appraisal Institute relating to review by its duly authorized representatives.

As of the date of this report, Migdoel Rodriguez, SRA, MAI, has completed the continuing education program of the Appraisal Institute.

Comments on Guide Note 10 published by the Appraisal Institute:

In recent years, the United States has experienced terrorist attacks, unusually destructive natural disasters and catastrophic man-made disasters. The aftermath of a disaster poses special challenges in real property valuation. During such periods, real property markets in affected areas often exhibit instability, even chaos. Analyzing market data in such markets can be difficult. Appraisers and clients regularly have sought guidance from the Appraisal Institute on how to handle these situations. In response, the Appraisal Institute offers Guide Note 10 on “Developing an Opinion of Market Value in the Aftermath of a Disaster” to assist appraisers and clients. The purpose of Guide Notes to the Appraisal Institute’s Standards of Professional Appraisal Practice is to provide guidance as to how the requirements of the Standards may apply in specific situations.

Puerto Rico is currently suffering the effects of the COVID-19 global pandemic, which has led the government of Puerto Rico to implement a “lockdown”, as of March 15, 2020. The implementation of this “lockdown” has resulted in the hindering of most economic activity in the island. In addition, as of the effective date of this appraisal report, unemployment has risen to a levels never seen before.

Supplemental Addendum

File No. 22005007

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortíz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortíz de Mimoso					

According to Guide Note 10, “Forces that influence real property values include social trends, economic circumstances, governmental controls, and regulations and environmental conditions. Any or all of these might be impacted by a disaster. Factor that create value include utility, scarcity, desire and effective purchasing power. Again, any or all of these might become issues in the aftermath of a disaster.”

Given that the effective date of this appraisal report is after March 15, 2020, which marks the date in which the national lockdown was implemented, no more sale transactions have been able to be settled. Therefore, there are no available comparable sales settled on or after this date.

According to Guide Note 10 “The principles of anticipation and change are especially relevant to valuation assignments in the aftermath of a disaster. There is generally a great deal of uncertainty in the market during this time period. Is the disaster likely to be repeated in the near future? Will further damage and destruction result? What is the extent of the damage? To what degree can structures be replaced? Are there environmental concerns, and if so, to what extent? And how long will it take before things return to “normal”? The impact of such uncertainty may be readily perceived but difficult to measure. Uncertainty in real estate markets means increased risk to property owners and investors. Such increased risk might be reflected in higher capitalization and discount rates. It might also be manifested in “discounted” prices – which to some degree might offset upward pressure on prices resulting from increased demand and decreased supply.”

Under current circumstances, it is important to communicate the relative reliability of the value opinion. It is also appropriate to point out that the data upon which the appraisal is based is limited in quantity or quality and that this affects the reliability of the conclusions.

Please enter at www.appraisalinstitute.org/assets/1/7/guide-note-10.pdf for the complete text of the Guide Note 10 published by the Appraisal Institute.

Comment on Guide Note 12 published by the Appraisal Institute:

According to Guide Note 12 “There are two risks inherently associated with any appraisal that are of particular concern to the intended user. The first is the risk that the reliability of the value conclusion may be adversely impacted by a lack of quality data. The second is the risk that the value might not be sustainable over time. A well thought-out and clearly presented reconciliation process can assist the intended user with these risks. In the reconciliation process, the appraiser must consider the quality as well as the quantity of data, and how those factors might have impacted the quality of the value opinion. In a slower market with fewer transactions, there are fewer sales available for analysis in the sales comparison approach. Also, when there are fewer transactions, there is less market evidence available for selection of capitalization and discount rates. The reconciliation process may indicate that more research is needed or that new analyses must be performed. It may reveal conflicts or unresolved questions that need to be answered. When necessary, the appraisal report should include a discussion of evidence that the value conclusion may not be sustainable into the foreseeable future.”

In order to mitigate, as much as possible, the risks discussed above, the appraiser interviewed several of the real estate brokers that are currently selling apartment units in the subject property’s apartment complex. It is the opinion of these market participants that the sale prices of single-family dwellings in the subject property’s neighborhood will not be significantly affected once the national lockdown measures are lifted because the sale prices of comparable properties are considered to be accessible, combined with low interest rates, will make conventional financing accessible for the purchase of these types of dwellings. Therefore, no additional adjustments are made to the comparables.

Assumptions, Limiting Conditions & Scope of Work

Private
File No.: 22005007
State: PR Zip Code: 00725

Property Address:	A-15, Angel L. Ortiz (A) St., Paradis Dev	City:	Caguas
Client:	Michael Mimoso	Address:	
Appraiser:	Nadia C Rodriguez Gonzalez	Address:	92 Urb. Lakeview Est, Caguas, PR 00725-3320

STATEMENT OF ASSUMPTIONS & LIMITING CONDITIONS

- The appraiser will not be responsible for matters of a legal nature that affect either the property being appraised or the title to it. The appraiser assumes that the title is good and marketable and, therefore, will not render any opinions about the title. The property is appraised on the basis of it being under responsible ownership.
- The appraiser may have provided a sketch in the appraisal report to show approximate dimensions of the improvements, and any such sketch is included only to assist the reader of the report in visualizing the property and understanding the appraiser's determination of its size. Unless otherwise indicated, a Land Survey was not performed.
- If so indicated, the appraiser has examined the available flood maps that are provided by the Federal Emergency Management Agency (or other data sources) and has noted in the appraisal report whether the subject site is located in an identified Special Flood Hazard Area. Because the appraiser is not a surveyor, he or she makes no guarantees, express or implied, regarding this determination.
- The appraiser will not give testimony or appear in court because he or she made an appraisal of the property in question, unless specific arrangements to do so have been made beforehand.
- If the cost approach is included in this appraisal, the appraiser has estimated the value of the land in the cost approach at its highest and best use, and the improvements at their contributory value. These separate valuations of the land and improvements must not be used in conjunction with any other appraisal and are invalid if they are so used. Unless otherwise specifically indicated, the cost approach value is not an insurance value, and should not be used as such.
- The appraiser has noted in the appraisal report any adverse conditions (including, but not limited to, needed repairs, depreciation, the presence of hazardous wastes, toxic substances, etc.) observed during the inspection of the subject property, or that he or she became aware of during the normal research involved in performing the appraisal. Unless otherwise stated in the appraisal report, the appraiser has no knowledge of any hidden or unapparent conditions of the property, or adverse environmental conditions (including, but not limited to, the presence of hazardous wastes, toxic substances, etc.) that would make the property more or less valuable, and has assumed that there are no such conditions and makes no guarantees or warranties, express or implied, regarding the condition of the property. The appraiser will not be responsible for any such conditions that do exist or for any engineering or testing that might be required to discover whether such conditions exist. Because the appraiser is not an expert in the field of environmental hazards, the appraisal report must not be considered as an environmental assessment of the property.
- The appraiser obtained the information, estimates, and opinions that were expressed in the appraisal report from sources that he or she considers to be reliable and believes them to be true and correct. The appraiser does not assume responsibility for the accuracy of such items that were furnished by other parties.
- The appraiser will not disclose the contents of the appraisal report except as provided for in the Uniform Standards of Professional Appraisal Practice, and any applicable federal, state or local laws.
- If this appraisal is indicated as subject to satisfactory completion, repairs, or alterations, the appraiser has based his or her appraisal report and valuation conclusion on the assumption that completion of the improvements will be performed in a workmanlike manner.
- An appraiser's client is the party (or parties) who engage an appraiser in a specific assignment. Any other party acquiring this report from the client does not become a party to the appraiser-client relationship. Any persons receiving this appraisal report because of disclosure requirements applicable to the appraiser's client do not become intended users of this report unless specifically identified by the client at the time of the assignment.
- The appraiser's written consent and approval must be obtained before this appraisal report can be conveyed by anyone to the public, through advertising, public relations, news, sales, or by means of any other media, or by its inclusion in a private or public database.
- An appraisal of real property is not a 'home inspection' and should not be construed as such. As part of the valuation process, the appraiser performs a non-invasive visual inventory that is not intended to reveal defects or detrimental conditions that are not readily apparent. The presence of such conditions or defects could adversely affect the appraiser's opinion of value. Clients with concerns about such potential negative factors are encouraged to engage the appropriate type of expert to investigate.

The Scope of Work is the type and extent of research and analyses performed in an appraisal assignment that is required to produce credible assignment results, given the nature of the appraisal problem, the specific requirements of the intended user(s) and the intended use of the appraisal report. Reliance upon this report, regardless of how acquired, by any party or for any use, other than those specified in this report by the Appraiser, is prohibited. The Opinion of Value that is the conclusion of this report is credible only within the context of the Scope of Work, Effective Date, the Date of Report, the Intended User(s), the Intended Use, the stated Assumptions and Limiting Conditions, any Hypothetical Conditions and/or Extraordinary Assumptions, and the Type of Value, as defined herein. The appraiser, appraisal firm, and related parties assume no obligation, liability, or accountability, and will not be responsible for any unauthorized use of this report or its conclusions.

Under USPAP Standards Rule 2-2(c), this is a Restricted Use Appraisal Report, and is intended only for the sole use of the named client. There are no other intended users. The client must clearly understand that the appraiser's opinions and conclusions may not be understood properly without additional information in the appraiser's work file.

In developing this appraisal, the appraiser has incorporated only the Sales Comparison Approach. The appraiser has excluded the Cost and Income Approaches to Value, due to being inapplicable given the limited scope of the appraisal. The appraiser has determined that this appraisal process is not so limited that the results of the assignment are no longer credible, and the client agrees that the limited scope of analysis is appropriate given the intended use.

Additional Comments (Scope of Work, Extraordinary Assumptions, Hypothetical Conditions, etc.):

Certifications

Private
File No.: 22005007
State: PR Zip Code: 00725

Property Address:	A-15, Angel L. Ortiz (A) St., Paradis Dev	City:	Caguas
Client:	Michael Mimoso	Address:	
Appraiser:	Nadia C Rodriguez Gonzalez	Address:	92 Urb. Lakeview Est, Caguas, PR 00725-3320

APPRAISER'S CERTIFICATION

I certify that, to the best of my knowledge and belief:

- The statements of fact contained in this report are true and correct.
- The credibility of this report, for the stated use by the stated user(s), of the reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions, and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.
- I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved.
- Unless otherwise indicated, I have performed no services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.
- I have no bias with respect to the property that is the subject of this report or to the parties involved with this assignment.
- My engagement in this assignment was not contingent upon developing or reporting predetermined results.
- My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice that were in effect at the time this report was prepared.
- I did not base, either partially or completely, my analysis and/or the opinion of value in the appraisal report on the race, color, religion, sex, handicap, familial status, or national origin of either the prospective owners or occupants of the subject property, or of the present owners or occupants of the properties in the vicinity of the subject property.
- Unless otherwise indicated, I have made a personal inspection of the property that is the subject of this report.
- Unless otherwise indicated, no one provided significant real property appraisal assistance to the person(s) signing this certification.

Additional Certifications:

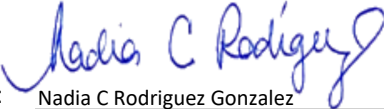
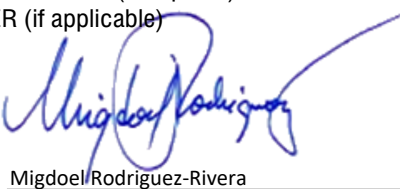
DEFINITION OF MARKET VALUE *:

Market value means the most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller each acting prudently and knowledgeably, and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby:

1. Buyer and seller are typically motivated;
2. Both parties are well informed or well advised and acting in what they consider their own best interests;
3. A reasonable time is allowed for exposure in the open market;
4. Payment is made in terms of cash in U.S. dollars or in terms of financial arrangements comparable thereto; and
5. The price represents the normal consideration for the property sold unaffected by special or creative financing or sales concessions granted by anyone associated with the sale.

* This definition is from regulations published by federal regulatory agencies pursuant to Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act (FIRREA) of 1989 between July 5, 1990, and August 24, 1990, by the Federal Reserve System (FRS), National Credit Union Administration (NCUA), Federal Deposit Insurance Corporation (FDIC), the Office of Thrift Supervision (OTS), and the Office of Comptroller of the Currency (OCC). This definition is also referenced in regulations jointly published by the OCC, OTS, FRS, and FDIC on June 7, 1994, and in the Interagency Appraisal and Evaluation Guidelines, dated October 27, 1994.

Client Contact:	Michael Mimoso	Client Name:	Michael Mimoso
E-Mail:	mikemimoso54@gmail.com	Address:	

SIGNATURES	APPRaiser	SUPERVISORY APPRAISER (if required) or CO-APPRAISER (if applicable)
		
	Appraiser Name: Nadia C Rodriguez Gonzalez	Supervisory or Co-Appraiser Name: Migdoel Rodriguez-Rivera
	Company: Appraisal Advisors Group	Company: Appraisal Advisors Group
	Phone: (787) 746-3219 Fax:	Phone: (787) 746-3219 Fax: (787) 746-1556
	E-Mail: aagroup01@gmail.com	E-Mail: aagroup01@gmail.com
	Date Report Signed: 06/15/2020	Date Report Signed: 06/15/2020
	License or Certification #: 216RC State: PR	License or Certification #: PRGC201 State: PR
	Designation:	Designation:
	Expiration Date of License or Certification: 08/28/2022	Expiration Date of License or Certification: 10/04/2020
Inspection of Subject: <input checked="" type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> None	Inspection of Subject: <input type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input checked="" type="checkbox"/> None	
Date of Inspection: 05/30/2020	Date of Inspection:	

REPAIR AND MAINTENANCE ADDENDUM

Client	Michael Mimoso				REO#
Property Address	A-15, Angel L. Ortíz (A) St., Paradis Dev				
City	Caguas	County	(025)Caguas	State	PR Zip Code 00725
Owner	Sucesión Carmen I. Ortíz de Mimoso				

DESCRIPTION	AMOUNT
I. The following repairs are observed to be needed	
1. Unit 1 - Bedroom 1 - Door leading to bathroom needs to be installed	150.00
2. Unit 1 and Unit 2 - Termite Treatment	500.00
3.	

☐ Interior Inspection

☐ Exterior Inspection

TOTAL AMOUNT OF RECOMMENDED REPAIRS \$ 650.00

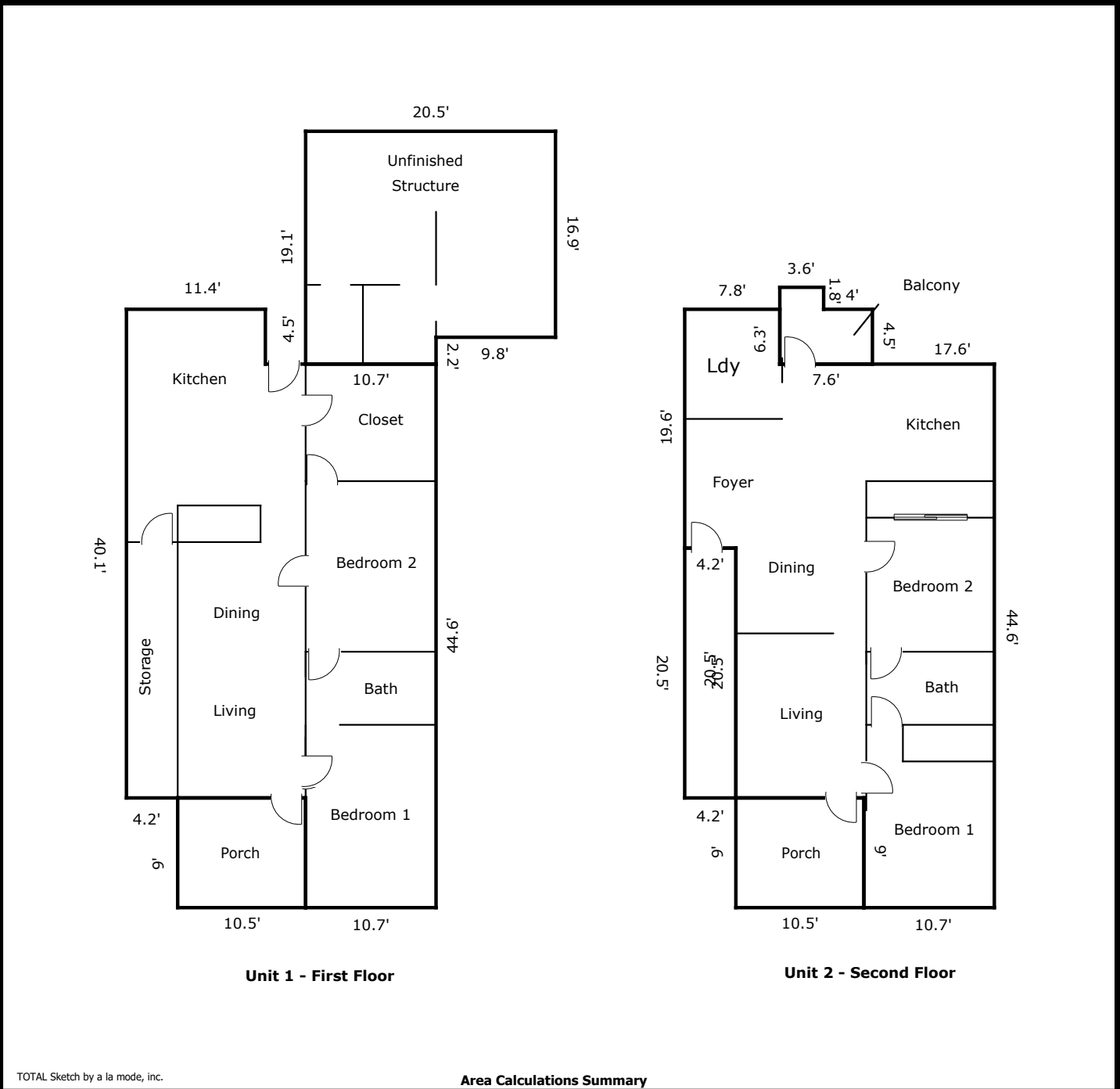
ESTIMATED VALUE OF THE SUBJECT PROPERTY 'AS IS' \$

ESTIMATED VALUE OF THE SUBJECT PROPERTY 'AS REPAIRED' \$

Comments:

Building Sketch

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortiz de Mimoso					



TOTAL Sketch by a la mode, inc.		Area Calculations Summary	
Living Area		Calculation Details	
Unit 1 - First Floor	1051.84 Sq ft	10.7 × 9	= 96.3
		25.4 × 35.6	= 904.24
		4.5 × 11.4	= 51.3
Unit 2 - Second Floor	949.54 Sq ft	10.7 × 9	= 96.3
		21.2 × 20.5	= 434.6
		15.1 × 17.6	= 265.76
		7.8 × 19.6	= 152.88
Total Living Area (Rounded):		2001 Sq ft	
Non-living Area			
Unit 2 - Porch	94.5 Sq ft	9 × 10.5	= 94.5
Unfinished Structure	369.99 Sq ft	20.5 × 16.9	= 346.45
		10.7 × 2.2	= 23.54
Unit 1 - Porch	94.5 Sq ft	10.5 × 9	= 94.5
Open/Covered Balcony	40.68 Sq ft	4.5 × 4	= 18
		3.6 × 6.3	= 22.68
Exterior Stairs	86.1 Sq ft	4.2 × 20.5	= 86.1

Subject Photo Page

Client	Michael Mimoso				
Property Address	A-15, Angel L. Ortíz (A) St., Paradis Dev				
City	Caguas	County	(025)Caguas	State	PR Zip Code 00725
Owner	Sucesión Carmen I. Ortíz de Mimoso				



Subject Front

A-15, Angel L. Ortíz (A) St., Paradis Dev	
Sales Price	0
Gross Living Area	2,001
Total Rooms	10
Total Bedrooms	4
Total Bathrooms	2
Location	Caguas Town
View	Residential/Avg.
Site	200 sqm @ \$120
Quality	Average
Age	~60 Years



Subject Rear



Subject Street

Subject Photos

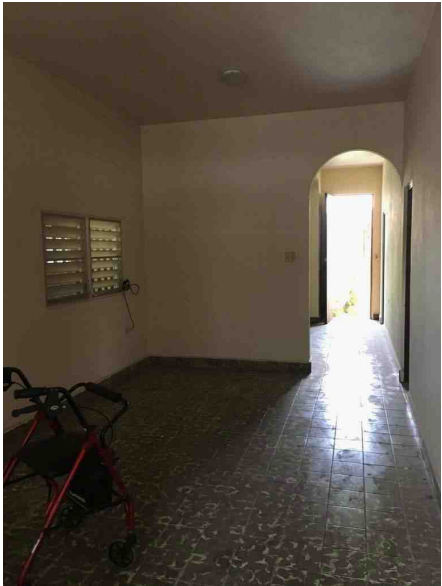
Client	Michael Mimoso				
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev				
City	Caguas	County	(025)Caguas	State	PR
Owner	Sucesión Carmen I. Ortiz de Mimoso				
	Zip Code	00725			



Left Side View



Right Side View



Unit 1 - Living and Dining



Unit 1 - Living and Dining



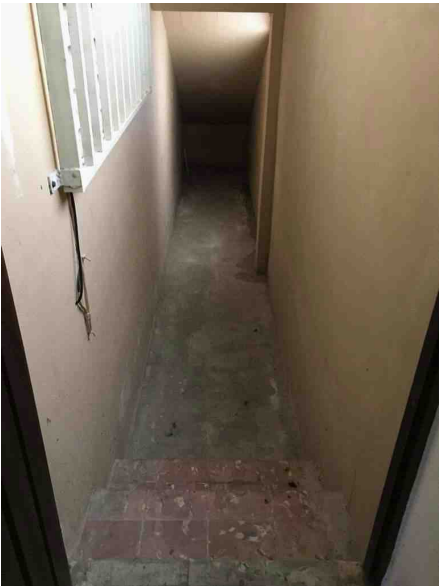
Unit 1 - Kitchen



Unit 1 - Kitchen

Interior Photos

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortiz de Mimoso					



Unit 1 - Storage



Unit 1 - Bedroom 1



Unit 1 - Bathroom



Unit 1 - Bathroom



Unit 1 - Bathroom



Unit 1 - Bedroom 2

Interior Photos

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortiz de Mimoso					



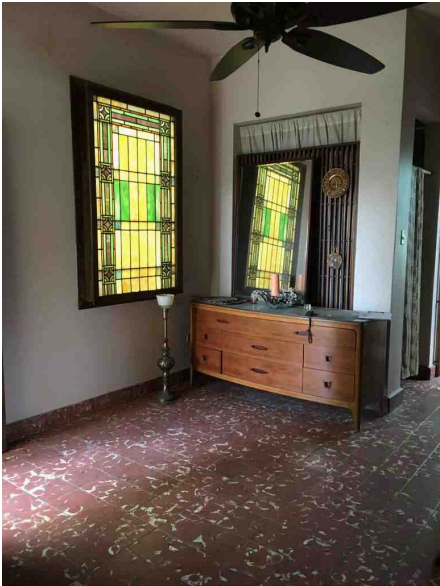
Unit 1 - Termite Infestation observed



Closet



Unit 1 - Termite Infestation observed



Unit 2 - Foyer



Unit 2 - Dining



Unit 2 - Living

Interior Photos

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortiz de Mimoso					



Unit 2 - Living



Unit 2 - Bedroom 1



Kitchen



Kitchen



Unit 2 - Bedroom 1



Unit 2 - Bathroom

Interior Photos

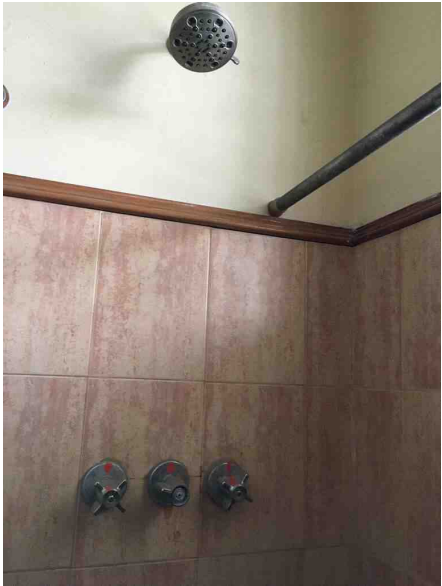
Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortiz de Mimoso					



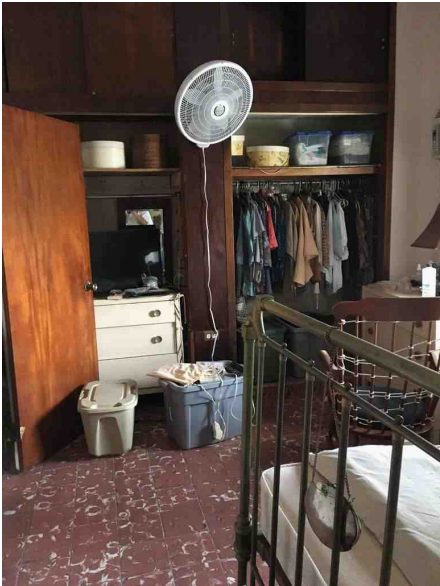
Unit 2 - Bathroom



Unit 2 - Bathroom



Unit 2 - Bathroom



Unit 2 - Bedroom 2



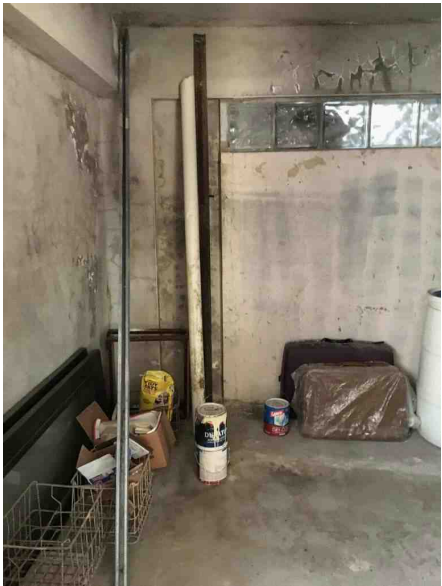
Exterior View - Unfinished RC Structure



Interior View - Unfinished RC Structure

Interior Photos

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortíz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortiz de Mimoso					



Interior View - Unfinished RC Structure



Interior View - Unfinished RC Structure



Interior View - Unfinished RC Structure

Comparable Photos 1-3

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortíz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code 00725
Owner	Sucesión Carmen I. Ortíz de Mimoso					



Comparable 1

AM-9, 31-A St.,	Residencial Bairoa
Prox. to Subject	1.00 miles NW
Sales Price	97,000
Borrower/Client	2,018
Lender	10
Total Bedrooms	6
Total Bathrooms	4
Location	Average
View	Residential/Average
Site	300 sqm @ \$100
Quality	Average
Age	46 Years



Comparable 2

AC-1, Rodrigo Triana St.,	Residencial
Prox. to Subject	0.95 miles N
Sales Price	105,000
Gross Living Area	1,937
Total Rooms	16
Total Bedrooms	4
Total Bathrooms	4.0
Location	Residencial Bairoa
View	Residential/Avg.
Site	314 sqm @ \$100
Quality	Average
Age	45 Years

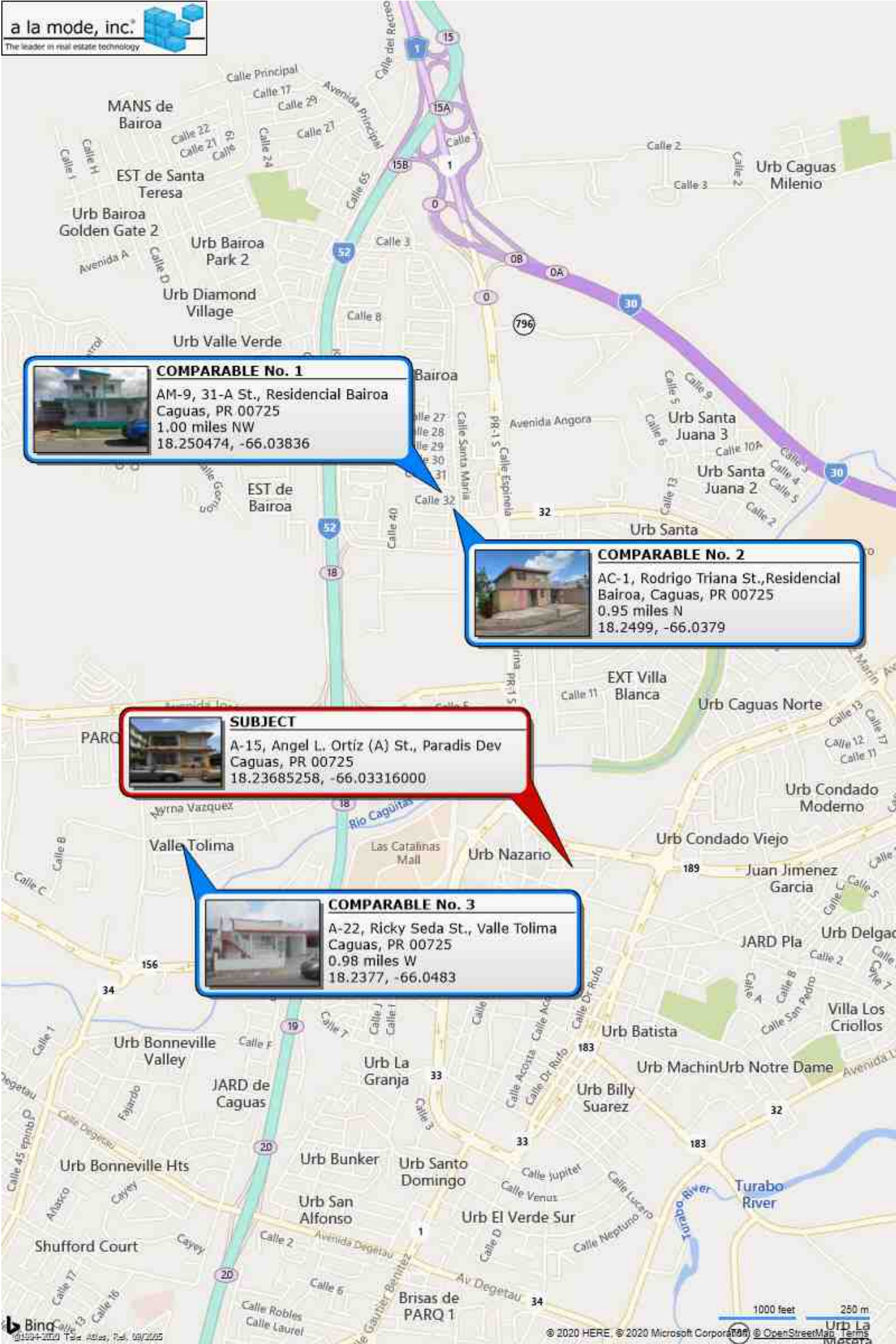


Comparable 3

A-22, Ricky Seda St.,	Valle Tolima
Prox. to Subject	0.98 miles W
Sales Price	105,000
Gross Living Area	1,200
Total Rooms	10
Total Bedrooms	4
Total Bathrooms	2.0
Location	Valle Tolima Dev
View	Residential/Avg.
Site	223 sqm @ \$120
Quality	Average
Age	48 Years

Location Map

Client	Michael Mimoso				
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev				
City	Caguas	County	(025)Caguas	State	PR
Owner	Sucesión Carmen I. Ortiz de Mimoso				
				Zip Code	00725



ESTUDIO DE TITULO

CLIENTE: LCDO. WILLIAM Y. MAISONET

FINCA NUMERO: 4,926 (antes 926), AL FOLIO 107 DEL TOMO 152 DE CAGUAS, PASA AL FOLIO 117 DEL TOMO 1324 DE CAGUAS

REGISTRO DE LA PROPIEDAD SECCIÓN I DE CAGUAS

DESCRIPCIÓN: URBANA: Solar radicado en el Bo. Bairoa de Caguas, compuesto de 200.00 m.c., o sea, 10 metro de frente a la calle A por 20 de fondo. Y colinda por el NORTE y ESTE, con el resto de la finca donde se segrega; por el SUR, con la calle A; y por el OESTE, con Carmen Paradís. Se expresa a la inscripción 2ª que enclava una casa terrera de concreto armado y techo de zinc, con instalaciones de agua, luz eléctrica y sanitarios.

Por la inscripción 3ª al folio 109 del tomo 152 de Caguas, y a virtud de la escritura #3 sobre Edificación otorgada en Caguas, P.R., el 28 de marzo de 1985 ante Luis E. Laguna Mimoso, edificaron una segunda planta y remodelación de la primera planta a favor de los titulares antes mencionados, María Dolores Solá Disdier y Rafael Ramírez Isern, con dinero de la Sociedad de Gananciales estando casados y con dinero privativo de ella estando soltera, edifican una casa de dos plantas construida de cemento armado con techo de cemento que mide por su frente, que es su lado SUR, 20 pies 9 pulgadas en dos alineaciones de 10 pies 6 pulgadas y de 10 pies 3 pulgadas; por su lado de atrás, que es su lado NORTE, mide 24 pies en dos alineaciones de 9 pies 11 pulgadas una y la otra de 14 pies 1 pulgadas; su lado izquierdo que es su lado ESTE, mide 42 pies 4 pulgadas; y por su lado derecho que es su lado OESTE, mide 49 pies 1 pulgadas en tres alineaciones de 20 pies 1 pulgada, 18 pies 10 pulgadas y de 10 pies y 2 pulgadas, con una cabida de 1,027 pies cuadrados con 9 pulgadas cuadradas. Ambas plantas tienen una sala-comedor, cocina, cuarto sanitario, tres dormitorios y balcón. La escalera para subir a la planta alta es en cemento sin techo y está al lado Oeste. Tienen instalaciones de luz y agua, con un valor de \$40,000.00. El notario da fe de haber cerciorado de la edificación. Permiso de Construcción expedido por ARPE el 8 de abril de 1985, según surge de la inscripción 7ª. Inscrita en el Registro el 22 de abril de 1985.

Por la inscripción 7ª se expresa que por el OESTE, con el resto de la manzana #8 de Carmen Paradís.

TRACTO: Se segrega de la finca 3,741 inscrita al folio 236 del tomo 98 de Caguas a favor de Antonia B. Santana, mayor de edad, soltera y vecina de Caguas, P.R.

DOMINIO: Inscrita a favor de **José J. Mimoso Núñez y Carmen Ortiz Sánchez**, mayores de edad, casados entre sí y vecinos de Río Piedras, P.R., quien la adquirió por compra a Francisco Manuel Solá Disdier y su esposa Luz Marina Fuentes, mayores edad y vecinos de Caguas, P.R.; Miguel Huertas y su esposa Gladys Solá Disdier, mayores de edad y vecinos de Río Piedras, P.R.; Rafael Ramírez Isern y su esposa María Dolores Solá Disdier, mayores de edad y vecinos de Caguas, P.R.; y Olga Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R., por precio de \$60,000.00, según escritura #47 de Compraventa e Hipoteca otorgada en Caguas, P.R., el 29 de abril de 1985 ante el Notario Público Justino Ferrer Muñoz e inscrita al folio 107 del tomo 152 de Caguas, finca 4,926, inscripción 4ª.

GRAVÁMENES: Por su procedencia está libre de cargas.

POR SÍ:

(1) Hipoteca constituida por los titulares en garantía de un pagaré a favor del Portador del Pagaré, o a su orden, bajo affidavit #10,076, por la suma de \$50,000.00 de principal, intereses al "primer rate", venciendo a la presentación. Tasada en caso de subasta en \$150,000.00. Constituida mediante escritura #48 otorgada en Caguas, P.R. el 29 de abril de 1985 ante el Notario Público Justino Ferrer Muñoz e inscrita al folio 107 del tomo 152 de Caguas, finca 4,926, inscripción 4ª. Inscrita el 6 de septiembre de 1985.

(2) Hipoteca constituida por los titulares con rango a segunda a favor de Francisco Manuel Solá Disdier y su esposa Luz Marina Fuentes, mayores edad y vecinos de Caguas, P.R.; Miguel Huertas y su esposa Gladys Solá Disdier, mayores de edad y vecinos de Río Piedras, P.R.; Rafael Ramírez Isern y su esposa María Dolores Solá Disdier, mayores de edad y vecinos de Caguas, P.R.; y Olga

Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R.; por la suma de \$30,000.00 de principal, pagaderos a tres años a razón de \$10,000.00; el día 29 de abril de 1986 de \$10,000.00 el día 29 de abril de 1987 y de \$10,000.00 el día 29 de abril de 1988, intereses al 10%. Una suma de \$3,000.00 para costas, gastos y honorarios de abogado para en caso de reclamación judicial. Tasada en \$80,000.00. Quedará sujeto este contrato a las sanciones impuestas por el Art. 1649 del Código Civil. Según escritura #47 sobre Compraventa e Hipoteca postergada a segunda hipoteca otorgada en Caguas, P.R., el 29 de abril de 1985 ante Justino Ferrer. Inscrita al folio 107 del tomo 152 de Caguas, finca #4,926, inscripción 5ª. Inscrita el 16 de febrero de 1985.

(3) Por la inscripción 7ª, se expresa que la hipoteca por \$30,000.00 constituida por la inscripción 5ª, a favor de Francisco Manuel Solá Disdier y su esposa Luz Marina Fuentes, mayores edad y vecinos de Caguas, P.R.; Miguel Huertas y su esposa Gladys Solá Disdier, mayores de edad y vecinos de Río Piedras, P.R.; Rafael Ramírez Isern y su esposa María Dolores Solá Disdier, mayores de edad y vecinos de Caguas, P.R.; y Olga Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R., cuya participación Solá-Fuentes, será objeto de esta inscripción. Dicha Luz Marina Fuentes, falleció en Río Piedras, P.R. el 21 de julio de 1985 estando casada con Francisco Manuel Solá Disdier y habiendo otorgado testamento. Derechos hereditarios sobre la participación que le corresponde a la causante antes nombrada en el referido crédito hipotecario, la cual no tiene descendiente de clase alguna, a favor de su señora madre, Francisca Fuentes Suárez, mayor de edad, soltera y vecina de Caguas, P.R., a que le corresponde la nuda propiedad y a favor de su hermana, Esther Alicia Fuentes Fuentes, mayor de edad, soltera, incapacitada y vecina de Caguas, y de su esposo, Francisco Manuel Solá Disdier, mayor de edad, viudo y vecino de Caguas, P.R., por partes iguales y en cuanto a la cuota viudal usufructuaria que determina la ley. Las demás condiciones del testamento están extensamente relacionados al folio 31 del tomo 316 de Caguas, inscripción 6ª, finca 8,719. Según escritura #6 sobre Testamento Abierto, otorgada en San Juan, P.R., el 21 de agosto de 1979, a las 5:10 p.m., ante Rafael Santos Del Valle. Carta de Relevó H-86-1972 expedida por el Departamento de Hacienda el 19 de mayo de 1986, en la que se valora la participación de la causante en \$3,750.00. Instancia de fecha 26 de septiembre de 1985. Inscrita en el Registro el 24 de agosto de 1989.

(4) Por la inscripción 8ª y última, al folio 145 del tomo 1324 de Caguas, se expresa lo siguiente: Cancelada parcialmente la hipoteca por la suma de \$30,000.00 que resulta de la inscripción 5ª, en cuanto a la suma de \$28,125.00 recibidos por Olga Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R.; Francisco Manuel Solá Disdier, mayor de edad, casado con Luz Marina Fuentes y vecino de Caguas, P.R.; Miguel Huertas Rivera, mayor de edad, casado con Gladys Solá Disdier y vecino de Guaynabo, P.R.; Gladys Solá Disdier, mayor de edad, casada con Miguel Huertas y vecina de Guaynabo, P.R.; Rafael Ramírez Isern, mayor de edad, casado con Mara Dolores Solá Disdier y María Dolores Solá Disdier, mayor de edad, casada con Rafael Ramírez Isern y vecina de Bayamón, P.R.; solicitan la Cancelación quedando vigente la hipoteca en cuanto a la suma de \$1,875.00, correspondiente a los herederos de Luz Marina Fuentes Fuentes. Según escritura #14 otorgada en Caguas, P.R., el 17 de diciembre de 1995 ante Gloria M. Mimoso Raspaldo. Inscrita en el Registro el 21 de diciembre de 1995.

CRIM: NADA

SENTENCIAS: NADA


EMBARGO ELA: NADA

EMBARGO FEDERAL: NADA

LEY 12: NADA

BITÁCORA: Esta sección tiene establecido un sistema digitalizado, Agora y Karibe. La suscribiente no se hace responsable por errores y/u omisiones que cometa el empleado del Registro de la Propiedad en la entrada y/o búsqueda de datos en el mismo. Se advierte además, que el sistema de Bitácora Integral colapsó, por lo que no podemos asegurar que existan otras transacciones pendientes en el Registro, aunque la propiedad objeto del misma ya consta inscrita en un sistema más moderno.

En Caguas, Puerto Rico, a 24 de abril de 2018.


MINERVA RIVERA
INVESTIGADORA DE TÍTULOS
TEL./FAX 787-744-4625

Catastro: 225-035-012-17-001
Parcela: 225-035-012-17
Procedencia: 225-035-012-17
Dueño: ORTIZ SANCHEZ CARMEN
Dirección física:
A-15 URB PARADIS, CAGUAS
Cabida escritura: 234.00 m2
Area de mapa: 247.11 m2

VALORACION

Terreno: 2,620.00
Estructura: 12,750.00
Maquinaria: 0.00
Valor Total: 15,370.00
Exención: 0.00
Exoneración: -5,945.00
Sujeto a contribución: 9,425.00

REGISTRO

Tome: 152
Folio: 109
Finca: 108
Escritura: 47
Venta: 60,000.00
Fecha de venta: 4/28/1985
Vendedor: SOLA RAMOS FRANCISCO
Comprador: ORTIZ SANCHEZ CARMEN

Zoning Addendum



Fill in this information to identify your case:

Debtor 1	Michael A. Mimoso		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Amelie Mimoso		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
512 W. Areba Avenue Hershey, PA 17033 Dauphin County Value per appraisal - see attached Line from <i>Schedule A/B</i> : 1.1	\$237,000.00	<input checked="" type="checkbox"/> \$105,170.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
2016 Mitsubishi Lancer 25,544 miles Line from <i>Schedule A/B</i> : 3.1	\$9,469.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 Pa.C.S. § 8123(a)
2011 Nissan Versa 98,000 miles Line from <i>Schedule A/B</i> : 3.2	\$6,727.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 Pa.C.S. § 8123(a)
Furniture, appliances, hand tools, books, guitar, lawn mower, sewing machine, luggage and nebulizer Line from <i>Schedule A/B</i> : 6.1	\$905.00	<input checked="" type="checkbox"/> \$905.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
(2) TVs, computer, printer and tablet Line from <i>Schedule A/B</i> : 7.1	\$625.00	<input checked="" type="checkbox"/> \$625.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Men and women's clothing Line from Schedule A/B: 11.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
Jewelry Line from Schedule A/B: 12.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
3 dogs Line from Schedule A/B: 13.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
Cash Line from Schedule A/B: 16.1	\$2.00	<input checked="" type="checkbox"/> \$2.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
checking: Members First Federal Credit Union (joint) Line from Schedule A/B: 17.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
savings: Members First Federal Credit Union (joint) Line from Schedule A/B: 17.2	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
10/shares of Rite Aid Corporation Stock at \$15.47/share (joint) Line from Schedule A/B: 18.1	\$154.70	<input checked="" type="checkbox"/> \$154.70 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
Local tax refund: 2018 Line from Schedule A/B: 28.1	\$126.00	<input checked="" type="checkbox"/> \$126.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)

3. **Are you claiming a homestead exemption of more than \$170,350?**
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Michael A. Mimoso**
First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:20-bk-01242**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Chase Mortgage <small>Creditor's Name</small> Chase Records Center/Attn: Corr Mail Code LA4 5555 700 Kansas Ln Monroe, LA 71203 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: 512 W. Areba Avenue Hershey, PA 17033 Dauphin County Value per appraisal - see attached <small>As of the date you file, the claim is: Check all that apply.</small> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$131,830.00	\$237,000.00
	Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			\$0.00
	Opened 11/05 Last Active Date debt was incurred 1/30/20	Last 4 digits of account number 0072		

Debtor 1 **Michael A. Mimoso**
First Name Middle Name Last Name
Debtor 2 **Amelie Mimoso**
First Name Middle Name Last Name

Case number (if known) **1:20-bk-01242**

2.2 Credit Acceptance Describe the property that secures the claim: **\$6,345.00** **\$6,727.00** **\$0.00**

Creditor's Name
**25505 West 12 Mile Road
Suite 3000
Southfield, MI 48034**
Number, Street, City, State & Zip Code

2011 Nissan Versa 98,000 miles

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Opened
4/22/19
Last Active

Date debt was incurred **03/20** Last 4 digits of account number **5704**

Add the dollar value of your entries in Column A on this page. Write that number here:
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$138,175.00
\$138,175.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 **Michael A. Mimoso**
 First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:20-bk-01242**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$4,054.00 When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Federal taxes	\$4,054.00	\$4,054.00	\$0.00

2.2	Keystone Collections Group Priority Creditor's Name 546 Wendel Road Irwin, PA 15642 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$706.00 When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Local taxes	\$433.00	\$273.00
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Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

2.3

Pennsylvania Department of Revenue

Priority Creditor's Name
Attn: Bankruptcy Division
PO Box 280946
Harrisburg, PA 17128

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$1,361.00** **\$1,361.00** **\$0.00**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

State taxes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

AmeriCredit/GM Financial

Nonpriority Creditor's Name

Attn: Bankruptcy
PO Box 183853
Arlington, TX 76096

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3940**

When was the debt incurred? **Opened 09/18 Last Active 12/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Automobile Deficiency (vehicle was totaled 11/19)**

Total claim

\$3,491.00

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.2

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285

Salt Lake City, UT 84130

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9704**

\$373.71

When was the debt incurred? **Opened 11/15 Last Active 02/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.3

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285

Salt Lake City, UT 84130

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2329**

\$734.21

When was the debt incurred? **Opened 06/17 Last Active 03/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.4

Dish Network

Nonpriority Creditor's Name

c/o Convergent Outsourcing, Inc.

PO Box 9004

Renton, WA 98057

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7780**

\$98.78

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Utility Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.5	OneMain Financial Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3251 Evansville, IN 47731 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2148</u> When was the debt incurred? <u>Opened 10/19 Last Active 2/28/20</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>	\$14,938.57
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4.6	Patient First Nonpriority Creditor's Name PO Box 758941 Baltimore, MD 21275 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1613</u> When was the debt incurred? <u>07/19</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	\$195.74
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4.7	Penn Credit Nonpriority Creditor's Name 2800 Commerce Drive Harrisburg, PA 17110 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9817</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$108.53
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Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known)

1:20-bk-01242

4.8

Penn State Health

Nonpriority Creditor's Name

PO Box 829725

Philadelphia, PA 19182

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9643**

\$19,955.08

When was the debt incurred? **02/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.9

Penn State Hershey Medical Center

Nonpriority Creditor's Name

c/o Bureau of Account Management

PO Box 8875

Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8364**

\$75.00

When was the debt incurred? **Opened 09/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.1
0

Penn State Hershey Medical Center

Nonpriority Creditor's Name

c/o Bureau of Account Management

PO Box 8875

Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8366**

\$75.00

When was the debt incurred? **Opened 09/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.1
1

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8365**

\$51.00

When was the debt incurred? **Opened 09/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.1
2

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5202**

\$75.00

When was the debt incurred? **Opened 08/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.1
3

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0180**

\$16.00

When was the debt incurred? **Opened 08/15 Last Active 2/29/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.1
4

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8367**

\$75.00

When was the debt incurred? **Opened 09/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.1
5

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8368**

\$61.00

When was the debt incurred? **Opened 09/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.1
6

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6914**

\$75.00

When was the debt incurred? **Opened 11/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.1
7

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6916**

\$75.00

When was the debt incurred? **Opened 11/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.1
8

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3218**

\$75.00

When was the debt incurred? **Opened 11/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.1
9

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6413**

\$66.00

When was the debt incurred? **Opened 12/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.2
0

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3219**

\$75.00

When was the debt incurred? **Opened 11/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
1

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8992**

\$61.00

When was the debt incurred? **Opened 07/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
2

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3128**

\$62.00

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.2
3

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3127**

\$62.00

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
4

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2396**

\$75.00

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
5

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9751**

\$213.00

When was the debt incurred? **Opened 07/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.2
6

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3663**

\$74.00

When was the debt incurred? **Opened 03/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
7

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3665**

\$55.00

When was the debt incurred? **Opened 03/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
8

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1825**

\$55.00

When was the debt incurred? **Opened 05/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.2
9

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9827**

\$67.00

When was the debt incurred? **Opened 05/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
0

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4232**

\$174.00

When was the debt incurred? **Opened 03/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
1

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9009**

\$67.00

When was the debt incurred? **Opened 08/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.3
2

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8127** **\$240.00**

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
3

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1935** **\$61.00**

When was the debt incurred? **Opened 05/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
4

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8362** **\$51.00**

When was the debt incurred? **Opened 09/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.3
5

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8363**

\$58.00

When was the debt incurred? **Opened 09/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
6

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2393**

\$312.00

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
7

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2394**

\$58.00

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.3
8

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1110**

\$51.00

When was the debt incurred? **Opened 12/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
9

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1005**

\$71.00

When was the debt incurred? **Opened 07/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.4
0

Penn State Hershey Medical Center

Nonpriority Creditor's Name
c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3748**

\$71.00

When was the debt incurred? **Opened 07/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.4
1

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4881**

\$84.00

When was the debt incurred? **Opened 03/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.4
2

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6682**

\$287.00

When was the debt incurred? **Opened 06/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.4
3

Penn State Hershey Medical Center

Nonpriority Creditor's Name

**c/o Bureau of Account Management
PO Box 8875
Camp Hill, PA 17001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1267**

\$75.00

When was the debt incurred? **Opened 11/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

4.4
4

Synchrony Bank/ JC Penneys

Nonpriority Creditor's Name

**Attn: Bankruptcy
PO Box 965064
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9666**

\$528.81

When was the debt incurred? **Opened 04/16 Last Active 01/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card Purchases**

4.4
5

TFC Tuition Financing

Nonpriority Creditor's Name

**Attn: Bankruptcy
2010 Crow Place, Suite 300
San Ramon, CA 94583**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0016**

\$6,856.00

When was the debt incurred? **Opened 08/12 Last Active 06/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Government Unsecured Guarantee Loan**

4.4
6

Tristan Radiology Specialists

Nonpriority Creditor's Name

**c/o National Recovery Agency
PO Box 67015
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0598**

\$74.00

When was the debt incurred? **Opened 09/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known)

1:20-bk-01242

4.4
7

UPMC Pinnacle

Nonpriority Creditor's Name

PO Box 826813

Philadelphia, PA 19182

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0253**

\$573.50

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 6,121.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 6,121.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 51,105.93
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 51,105.93

Fill in this information to identify your case:

Debtor 1 **Michael A. Mimoso**
First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:20-bk-01242**
(if known)

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Michael A. Mimoso**
First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:20-bk-01242**
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street
City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name

Number Street
City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Michael A. Mimoso

Debtor 2 Amelie Mimoso
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:20-bk-01242
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Accountant

Breon & Associates, P.C.

3461 Market Street
Camp Hill, PA 17011

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

How long employed there? 7 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>8,374.99</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>8,374.99</u>	\$ <u>0.00</u>

Debtor 1 Michael A. Mimoso
Debtor 2 Amelie Mimoso

Case number (if known) 1:20-bk-01242

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 8,374.99	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,547.83	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,547.83	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 6,827.16	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 6,827.16 + \$ 0.00 = \$ 6,827.16		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 6,827.16	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: Debtors did not receive a tax refund in 2019.			

Fill in this information to identify your case:

Debtor 1 Michael A. Mimoso

Debtor 2 Amelie Mimoso
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:20-bk-01242
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

17

☐ No

☒ Yes

Daughter

19

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,449.76

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	410.00
6b. Water, sewer, garbage collection	6b. \$	152.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: Cell phones	6d. \$	306.00
Internet	\$	105.00
HULU	\$	6.35
Disney Plus	\$	7.41
Apple.com	\$	2.99
Hallmark online	\$	5.99
Amazon Prime	\$	10.00

7. **Food and housekeeping supplies** 7. \$ **1,200.00**

8. **Childcare and children's education costs** 8. \$ **0.00**

9. **Clothing, laundry, and dry cleaning** 9. \$ **60.00**

10. **Personal care products and services** 10. \$ **0.00**

11. **Medical and dental expenses** 11. \$ **450.00**

12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments. 12. \$ **600.00**

13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ **200.00**

14. **Charitable contributions and religious donations** 14. \$ **0.00**

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ **0.00**

15b. Health insurance 15b. \$ **0.00**

15c. Vehicle insurance 15c. \$ **329.00**

15d. Other insurance. Specify: **AAA - roadside assistance** 15d. \$ **16.67**

Cell phone insurance \$ **30.00**

Health insurance - estimated \$ **399.00**

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: 16. \$ **0.00**

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1 17a. \$ **176.00**

17b. Car payments for Vehicle 2 17b. \$ **0.00**

17c. Other. Specify: **AAA** 17c. \$ **50.00**

17d. Other. Specify: 17d. \$ **0.00**

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ **0.00**

19. **Other payments you make to support others who do not live with you.** \$ **0.00**
Specify: 19.

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property 20a. \$ **0.00**

20b. Real estate taxes 20b. \$ **0.00**

20c. Property, homeowner's, or renter's insurance 20c. \$ **0.00**

20d. Maintenance, repair, and upkeep expenses 20d. \$ **0.00**

20e. Homeowner's association or condominium dues 20e. \$ **0.00**

21. **Other:** Specify: **Pet care** 21. +\$ **100.00**

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ **6,066.17**

\$

\$ **6,066.17**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23a. \$ **6,827.16**

23b. -\$ **6,066.17**

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ **760.99**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 **Michael A. Mimoso**
First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number **1:20-bk-01242**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Michael A. Mimoso

Michael A. Mimoso
Signature of Debtor 1

Date June 26, 2020

X /s/ Amelie Mimoso

Amelie Mimoso
Signature of Debtor 2

Date June 26, 2020

Fill in this information to identify your case:

Debtor 1 **Michael A. Mimoso**
First Name Middle Name Last Name

Debtor 2 **Amelie Mimoso**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:20-bk-01242**
(if known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:**Dates Debtor 1
lived there****Debtor 2 Prior Address:****Dates Debtor 2
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

**From January 1 of current year until
the date you filed for bankruptcy:****Debtor 1****Sources of income**
Check all that apply.**Gross income**
(before deductions and
exclusions)☒ Wages, commissions,
bonuses, tips**\$23,076.90**☐ Operating a business**Debtor 2****Sources of income**
Check all that apply.**Gross income**
(before deductions and
exclusions)☐ Wages, commissions,
bonuses, tips**\$0.00**☐ Operating a business

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
For last calendar year: (January 1 to December 31, 2019)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$47,179.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$128,994.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
For last calendar year: (January 1 to December 31, 2019)	IRA, Pension or Annuity Distribution	\$27,306.00	
For the calendar year before that: (January 1 to December 31, 2018)	IRA, Pension or Annuity Distribution	\$9,512.00	

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☐ No

☒ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Natalie Mimoso 512 W Areba Avenue Hershey, PA 17033	04/19 - 04/20	\$1,000.00	\$0.00	Personal loans

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No

☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

☒ No

☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

☒ No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No

☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Automobile accident - 2017
Chevrolet Sonic

\$9,379.20 paid toward loan from insurance

11/19

\$9,879.20

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Imblum Law Offices PC
4615 Derry Street
Harrisburg, PA 17111
gary.imblum@imblumlaw.com

Attorney Fees

Retainer in the amount of \$1,495.00 includes the following fees:
tri-merge
credit report,
credit counseling,
filing fee and
debtor education.

\$1,495.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
T. Rowe Price	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	03/19	\$6,000.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name
Address
(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael A. Mimoso

Michael A. Mimoso
Signature of Debtor 1

Date June 26, 2020

/s/ Amelie Mimoso

Amelie Mimoso
Signature of Debtor 2

Date June 26, 2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Michael A. Mimoso

Debtor 2 Amelie Mimoso
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number 1:20-bk-01242
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 8,374.99	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00

7. Interest, dividends, and royalties

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ 0.00

8. Unemployment compensation

\$ 0.00	\$ 0.00
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Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**

For your spouse \$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00	\$ 0.00
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10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
+ \$ 0.00	\$ 0.00

Total amounts from separate pages, if any.

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 8,374.99	+ \$ 0.00	= \$ 8,374.99
Total average monthly income		

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ **8,374.99**

13. Calculate the marital adjustment. Check one:

- ☐ You are not married. Fill in 0 below.
- ☒ You are married and your spouse is filing with you. Fill in 0 below.
- ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$	
\$	
+ \$	

Total \$ **0.00** Copy here=> - **0.00**

14. Your current monthly income. Subtract line 13 from line 12.

\$ **8,374.99**

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=> \$ **8,374.99**

Debtor 1 **Michael A. Mimoso**
Debtor 2 **Amelie Mimoso**

Case number (if known) **1:20-bk-01242**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 100,499.88

16. Calculate the median family income that applies to you. Follow these steps:

- 16a. Fill in the state in which you live. PA
- 16b. Fill in the number of people in your household. 4
- 16c. Fill in the median family income for your state and size of household. \$ 103,316.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 8,374.99
19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.
- 19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.00
- 19b. Subtract line 19a from line 18. \$ 8,374.99
20. Calculate your current monthly income for the year. Follow these steps:
- 20a. Copy line 19b \$ 8,374.99
Multiply by 12 (the number of months in a year). x 12
- 20b. The result is your current monthly income for the year for this part of the form \$ 100,499.88
- 20c. Copy the median family income for your state and size of household from line 16c \$ 103,316.00
21. How do the lines compare?
- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Michael A. Mimoso

Michael A. Mimoso
Signature of Debtor 1

Date **June 26, 2020**
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Amelie Mimoso

Amelie Mimoso
Signature of Debtor 2

Date **June 26, 2020**
MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their nonexempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions exist
for particular debts, and liens on property may still
be enforced after discharge. For example, a creditor
may have the right to foreclose a home mortgage or
repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re **Michael A. Mimoso
Amelie Mimoso**

Debtor(s)

Case No.

Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	see 5d below
Prior to the filing of this statement I have received	\$	1,085.00
Balance Due	\$	see 5d below

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

(Lodestar) SUPPLEMENT TO NUMBER 1, ABOVE:

Debtor's counsel will keep a record of all time invested in this case by counsel and paralegals. The hourly rate for Debtor's counsel is \$295.00 per hour. The hourly rate for associate counsel is \$235.00 per hour. The hourly rate for paralegal time is \$135.00 per hour. These hourly rates are subject to revision at the end of each calendar year.

In addition to fees, Debtor(s) will be responsible for expenses, including photo copying, travel (where applicable), postage, court costs, filing fees, and similar expenses which are incurred by counsel in the course of performing services for the Debtor(s).

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

/s/ Gary J. Imblum

Gary J. Imblum

Signature of Attorney

Imblum Law Offices PC

4615 Derry Street

Harrisburg, PA 17111

717-238-5250 Fax: 717-558-8990

gary.imblum@imblumlaw.com

Name of law firm

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re **Michael A. Mimoso**
Amelie Mimoso

Debtor(s)

Case No. **1:20-bk-01242**
Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **June 26, 2020**

/s/ Michael A. Mimoso

Michael A. Mimoso

Signature of Debtor

Date: **June 26, 2020**

/s/ Amelie Mimoso

Amelie Mimoso

Signature of Debtor